A DOCTOR'S LOG

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TO

MY WIFE

The characters and incidents in this book are entirely imaginary and fictitious. If they correspond to any person, or persons, or institutions, such correspondence is entirely accidental and not intentional.

AUTHOR.

FOREWORD

I enjoyed perusing the book, 'A Doctor's Log'. The reminiscences of Dr. Chaganti Suryanarayanamurthy are interesting and may not appear novel for many a medical student. As a General Medical Practitioner or a Specialist is exposed to a variety of situations, he gains knowledge and wisdom while overcoming them. Chaganti has, without fear or favour, recorded his observations for the benefit of the medical profession as well as the medical student. The author hints how the Principals of a premier medical college evinced little interest or care and almost neglected the administrative aspect of the medical college and entrusted most of the office work to persons who had neither loyalty to the institution nor stature by virtue of their integrity. One is not surprised that an Office Manager or Head Clerk could abuse the trust laid in him by the Principal of a medical college and that, either for a favour or a bribe, he was able to admit into the medical college candidates not qualified for admission. This is nothing strange as this used to happen even in the late thirties of this century and stray instances of this kind are reported even today.

The author vividly describes in appreciative terms the cosmopolitan outlook of the medical students in Madras Medical College as the college was the confluence of students from different parts of South as well as North India, Burma, Malaysia and Ceylon. The metamorphosis which the young medical student undergoes while emerging as a sophisticated urban citizen will be a happy recollection to many as their experiences of the transformation are similar.

Dr. Suryanarayanamurthy records graphically the commissions and omissions in the training programme in the basic medical sciences and in the clinical departments; and where credit was due to his able and dedicated Professors, he has generously acknowledged. His impressions about the dead bodies in the anatomy theatre which, although mummified, had in their death served mankind in providing ample material for the young medicos to learn the landmarks in anatomy will be

shared by one and all. The unworthy privileges and concessions extended by the then Government to the IMD students and the vagaries of some of them as well as the manifest lack of interest on the part of many in learning the science of practice of medicine and the way diplomas or degrees were virtually gifted to them will frighten and amuse the reader. The medical students often depend, for assistance in the practical examinations, on the technical staff of the laboratories; and Chaganti has cited instances of the malpractices to which students and attenders were accustomed at the practical and clinical examinations.

Dr. Suryanarayanamurthy's experiences as a House Surgeon at the Gifford School of Midwifery are interesting in many respects. He has conveyed the message, which is recognised all over the world, that the wisdom and wise counsel of an old midwife need be sought in tackling most troublesome cases of delivery. In this, the careless attitude assumed by the Superintendents of the hospital sometimes under the influence of alcohol is well brought out. The author cites instances where special privileges and concessions were extended to the members of the British and Anglo-Indian communities from the point of view of treatment and health care. Instances are given of how some of the hazards due to the rash decision of the Superintendent to interfere were averted by the timely intervention, resourcefulness and action of the matron in normal cases of labour; and also the ill-effects of giving unwarranted instructions in the administration of certain drugs by the Superintendent of the hospital under the adverse effects of liquor are very well described. The need to gain clinical acumen by working in a hospital, the need to acquire tact and patience and the need to cultivate an attitude of imperturbability under difficult and trying conditions and to be generous and humane to those who come under the care of the doctor are very well stressed by the author citing instances.

Practice of medicine or surgery during the early part of this century was more hazardous than it is today mainly because of the lack of facilities and drugs. That Salvarsan was the panacea and yet the cause of untold misery to patients while fattening the doctor's bank account is a true statement.

The position and high status enjoyed by the I.M.S. Officer in the medical profession and the fact that his was the last word in the matter of diagnosis or treatment or giving expert witness in court—all of which brought him honour and fabulous money—show the narrow vision of some of them. The author cites instances, from his personal experience, of this abuse by the members of the I.M.S. At the same time he is not blind to the significant contributions made by them in the field of medical research through dedicated work.

General practice specially in rural areas is very hard. Long distances one has to trek either by a single or double bullock cart and overcome the resistance of rural people to modern treatment. The efforts one makes to understand them, and to win over the local indigenous practitioner in the area in order to save the patient are not only time-consuming, but also hard and difficult, albeit in the interest of saving the patient. The need for innovative approaches and improvisation on the spot to treat a patient either medically or surgically is well brought out by the author. Chaganti's experiences of serving as Honorary Medical Officer and the frustration and disappointment he had felt are shared by many. Jealousies and victimisation are human weaknesses which mankind could hardly conquer. Canvassing, touting, funny and vulgar ways of publicity, etc. are familiar to the people in all professions. The need for a doctor to maintain a high standard of ethics and moral character and to resist temptation in every manner specially when dealing with female patients has been amply illustrated by Dr. Suryanarayanamurthy in his half-a-century of practice of medicine.

This book makes good reading, and is written in a simple style. The author has conveyed the message that general medical practice is an adventure coupled with excitement and affords great opportunity for services to mankind. Although it may be very trying and hazardous to overcome challenges by professional skill and ingenuity, the rewards are gratifying. The doctor is very often viewed as a Consultant and Counsellor and as a personal and trustworthy friend of the family.

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Tirupati,
13.10.1973.

I

There are men and classes of men that stand above the common herd. The soldier; the sailor, and the shepherd not infrequently; the artist rarely; rarlier still the clergyman—The physician almost as a rule—He is the flower—such as it is—of our civilization. So it is he brings air and cheer into the sick room and often enough though not so often as he wishes, brings healing.

—Robert Louis Stevenson.

It was on an oppressive July afternoon, under a banyan tree in the playgrounds of the Madras Medical College, that the three "musketeers" had a hurried conference, after a preliminary unsuccessful skirmish to enter that College. Rao was refused admission because his brother-in-law had sent his application by registered post wrongly addressed " Medical College, Rajahmundry ". The postal authorities promptly returned it to the sender with the statement " No Medical College at Rajahmundry ". The resubmitted application was too late. The medical college admission rules had not provided for such gross ignorance on the part of Rao's brother-in-law. Result: Rao was refused admission.

Gupta had completed his Intermediate with two histories and logic. Those were days when rules were not rigid but could be bent, as required and Gupta's uncle was the V.I.P. in charge of the medical college accounts, in the Surgeon-General's Office. The I.M.S. Principals of the Madras Medical College, always at sea where accounts were concerned were afraid more of this V.I.P. than of their G.O.C. Hence Gupta had great hopes in his uncle's influence to squeeze him into the College. Chetty's case was in a class by itself. Chetty failed the exam in Chemistry and did not complete his Intermediate. But this

was neither here nor there. The Colonels and Majors of the Madras Medical College and the General Hospital ate out of his father's hand, who might be designated as the "Honorary Circus Manager" of the General Hospital, having access its to *Sanctum Sanctorum* at all hours of night or day. Surely the accident of his son's failure to pass the Intermediate Chemistry examination should not be made much of!

Chetty knew the ropes and had given a lead to the discussions at the "conference", to chalk out a line of action. His father who was then away from Madras, had anticipated his son not getting a seat and advised him to approach the head clerk of the office, "suitably equipped" with a request to put him on the waiting list. The term "suitably equipped" required elaboration to the other two members of the conference. Chetty explained that the equipment included gifts of various kinds. The era of "marked" currency notes and "corruption tribunals" was yet to dawn. The *duffadar* of the office, would take him to the clerk and arrange the rest. It was resolved at the conference that Chetty should tackle the *duffadar* first and through him, properly equipped should meet the Head Clerk that evening at his residence in Washermanpet, and request him to somehow secure admissions for the three. While the "lion" was being bearded in his own "den", the other two were to await developments, and be prepared for a "rear guard action" at the street corner.

Rao and Gupta were anxiously waiting in the shadow of a street lamp, at some distance. It was already fifteen minutes since Chetty had gone to call on the head clerk. There was no sign of the *duffadar*, or the principal parties to the interview. Then suddenly Chetty emerged running, with the *duffadar* in pursuit, from the entrance of the head clerk's house, while the head clerk was shouting "Thangavelu, hand this fellow to the police—Run". Luckily, the street was not much frequented and the police patrol was nowhere near;—probably the head clerk knew this. It was apparent to the waiting friends that Chetty's attempt had miscarried. They hastened to rescue him

from the clutches of the attender, Thangavelu, with a handsome tip of "five rupees". Chetty's account of the "interview" with the head clerk was a little confused. The head clerk having taken the "equipment" was reported to have become indignant at Chetty's attempt to gratify him. But most likely his stage-managed threat to hand Chetty over to the police was intended to gag him about the interview. In a couple of days, Chetty's father was sent for to set matters right. He came and did a fine job of it. For Chetty and Gupta were granted admission to the Medical College immediately, and Rao after two weeks in a vacancy caused by a drop-out.

Forty years ago, the corridors of the Madras Medical College on its opening day of the year, presented a motley crowd of boys and a few girls—a representative sampling of the population of India, south of the Vindhyas, including Ceylon. The Madras Medical College was the only one for this part of the country, excepting Bombay in the north-west.

Except those who were residents of Madras city the rest of the crowd were generally be draped in their regional style: Tamils, in their *mundus* and with caste marks, Andhras in their peculiar style of *dhoti* and with tufts of hair, Malayalee girls in their special saree styles, the "lace-turbaned" Kannadigas, the fashionably dressed sons of planters from Ceylon, and the Anglo-Indian military students, all speaking English, interspersed with vernacular words in accents affected by their diverse regional linguistic habits. This colourful spectacle was only an evanescent phase, for within a month all these students would drop their individual or communal peculiarities and become fashionable young medicos—save a few orthodox diehards. One of the boys, with a big caste mark, an odd hair style and clad in *dhoti*, obviously belonging to an orthodox Telugu family, also attended the medical college on the first day. He reacted rather strongly to the gaze of some girl students—for this was his first experience of "co-education". However, inside a week he adopted a

fine style of cropped hair, a tailored suit, a bow-tie, and a bowler. Within a month, he could be seen making the rounds on a bicycle his purse, dissection box and books tied to the carrier behind. Rather than allow his purse to announce its presence awkwardly from his bulging pocket, he was even prepared to lose it by fastening it with his books on what seemed to be the original model of a pillion attached to his cycle. The poor boy finally commited suicide after his failure in the first M.B. Examination, unable to face the obloquy of his friends, of the other sex in particular. That was how medical college transformed and unnerved unsophisticated mofussil boys in those days.

The Medical College and the General Hospital were the exclusive preserves of the I.M.S.—regular "pagoda" gardens where key posts of Professors, Physicians, and Surgeons were held by Army Medical Officers, transferred to the civil side. They were ostensibly expected to render medical aid to the European population in the country. But their regular patients were the very rich of the country —Rajas, landlords and businessmen.

The first lesson in the College was a memorable event. A batch of students was allotted, without ceremony, their "parts" in the anatomy theatre, "parts" meaning parts of a body for dissection.

It is only there that many students see a dead body at close quarters for the first time. The anatomy theatre, therefore, represents, to most medical students the gate of purificatory fire through which a student has to pass in order to enter the palace of the medical profession. Its stock-in-trade of naked, stretched bodies with glassy stare, of all ages, and of both sexes, partly dissected limbs, trunks, eyes and noses, having a peculiar stench, are enough to make any but the initiated vomit or swoon. But it is here that the medico for the first time comes face to face with death and disease, which are the common lot

of all, of all ages, of both sexes and of all stations in life. The useless human corpse at least teaches the medico anatomy here. This fact is forced on us when we enter the portals of the anatomy theatre for the first time.

Assuming that there is an extension of personality after death, one wonders how the erstwhile owners of these bodies look upon them. Most likely they feel them a good riddance, though not unmixed with a slight tinge of tenderness at parting with them after a life-long association, just as one feels about the removal of a painful tooth. In the anatomy theatre, the medico very soon sheds all sentiments such as pity, and fear and looks upon the body and its "parts" as bundles of tissues which he must observe, dissect, and remember. For a few days, one or two medicos avoid going into the anatomy theatre alone after the dark. Many students feel sick and cannot relish their lunch after the dissection class. This is not done with any sense of repugnance but because, in spite of cleaning one's hands and face, a cadaverous smell mixed with red lead and oil hangs about one for some hours. This is the critical stage for medicos. A few students, unable to stand the anatomy theatre, even leave the college and change their vocation.

The I.M.S. men favoured competent Indians provided they did not come near the "garden of pagoda trees" reserved for them. The Anatomy department was one such safe department, and a certain competent but cranky Indian, Dr. G, was appointed Professor of Anatomy for the first time in the history of the Medical College. He used to wear only a banian and dhoti—strangers used to mistake him for the attender—and hold his classes, demonstrations and dissections under a tree. He was then about to retire and his arteries were probably hardening. He would stop in the middle of a demonstration and pointing to a cawing crow, ask a student what it was singing. If the student blinked, he used to remark, "You are an Indian, don't you know that the whole universe sings *madhyamavathi raga* at this time of the day." But Dr. G's fingers were quick and agile. If any student used a scalpel, instead of its handle or his finger in dissection,

he would pounce on him. If the tuft of hair of a student protruded through his turban, he would demonstrate it as an " occipital spine. " While describing the course of an artery and vein in the tunnel of a bone, he used to compare them to two young lovers walking under a bridge making love. Some of his dissected specimens are an asset to the anatomy museums of the Madras Medical College to this day.

A novice in the Medical College had to purchase a skeleton or at least half of it along with text books. The attenders of the Anatomy department, used to have a brisk trade in " sets " of skeletons cleaned, polished and varnished.

The military student was a peculiar feature of the Madras Medical College of those days. The I.M.D. (Indian Medical Department) course, like the Telegraphs and Railways was a close preserve of the Anglo-Indian community. Those selected for this course were the most pampered of all the medical students. In addition to a monthly stipend, they were given, free of cost, a number of costly text books and uniforms. Before the first month in the year was out, most of the text books would find their way into the Moore Market, sometimes for a tin of cigarettes a piece. The unprintability of the language many of those boys used was a special feature of their presence. Some of these military students took up the regular M.B.B.S. course. It must be said to the credit of the I.M.D. that a few teaching posts in the Medical College were ably manned by these men. The examinations of the I.M.D.'s, both theoretical and oral, were conducted by the College staff. Normally, if a student did not smoke or drink away his text books, but kept his buttons polished, and did not steal a bicycle or assault a professor, he used to get through.

Some of the great 'howlers' in oral and written examination, (" Where is the pineal gland?—In the Penis") were from the I.M.D.'s. Most of the practical jokes played on the lecturers and students in the

class rooms and the lecture halls were made by the I.M.D. students. Once there was a lecture demonstration by an eminent professor on "The poisonous snakes of India". During his lecture the professor circulated to the audience tubes of dried Cobra Venom for perusal and return. One of the tubes was lost in circulation! At the end of the lecture, the Professor warned that if any fool took it into his head to empty a little of the tube into the dressing lotion of the casualty department of the hospital, he could kill all the patients in the department. But nothing could be done to recover the tube even by the Principal and the Student Association Secretary. Three days later, the Secretary received an anonymous letter to the effect that he would find the 'tube' behind a certain 'specimen' in the pathological department on a particular day, provided that he would drop the matter there. He was not foolish enough to "take action". The Secretary recovered the "Venom tube" and wisely kept quiet as advised.

For a considerable time, the Madras Medical College had no hostels for its students. Most of the men would seek admission to the Victoria Hostel which was a general hostel for the students of Madras. But getting into it in those days was considered difficult or a matter of luck. Till they could get admission there, at least as associates, students used to live in lodges or rooms, managing with hotel food as best they could. Naturally, the lodges and rooms selected were as near as possible to the Medical College in such localities as Chintadripet, Periamet, Walltax Road, etc.—the dirtier parts of Madras.

I was living with two third-year students, a Reddy and a Rao in a lodge in Periamet. They were then, being newly initiated into the mysteries of Hygiene and Bacteriology. Rao was, as orthodox as an old brahmin widow in the matter of antisepsis and asepsis. He would wash the plates and cups before each meal with a carbolic acid solution to prevent infection, and would not allow even plain water rinsing of them afterwards for fear of con-

tamination. Reddy on the other hand was a rationalist of a peculiar kind. Having seen and computed the infinitesimal size of the cholera "Vibrio" by microscopic examination, he somehow refused to believe that such microscopic life could kill, or even affect in any way a comparatively "huge" animal like man. He had, therefore, no faith in the orthodox antisepsis or asepsis, with the result that he would dress a foul-smelling septic wound and afterwards handle our food and drink without so much as washing his hands. Life was often miserable for me with the smell of carbolic acid in coffee and the endless wrangles between Rao and Reddy. Added to this, we were in constant dread of the then newly discovered "Kala Azar", about which we had very hazy but dreadful notions. Rao explained to us at great length, how the "Kala Azar" germ was first discovered by Dr. D from the bed bugs of patients of "Kala Azar", in Periamet, and that sooner or later, with bed bugs crawling all over our rooms, we were sure of perishing from an attack of "Kala Jwar" which was said to be the origin of the word, "Kala Azar".

After a few weeks' stay, I seriously fell ill. Rao pronounced it "Kala Azar" and phoned to Col. E——, whose ward I then was. Most of the first year students were his wards. He promptly came to my room, rebuked my colleague for frightening me and assured me, that I had only malaria. He prescribed a few quinine tablets. However, noticing the unhygienic conditions of our living, he promised to intercede with the warden of the Victoria Hostel to give me admission there. After a week I was informed that I had been accepted as an "associate" of the Victoria Hostel. I wish, the Principals today were as solicitous about the welfare of their pupils and wards, as Col. E—— was.

The Victoria Hostel, when I joined as an associate, was already legendary in its associations. From the fresher to the most venerable member of the four-walled single room at the olympian height, it had a heirarchy of members of various grades of seniority. Generally, it would take 6 to 7 years to complete the medical course,

and to earn elevation to the four-walled single room in the Victoria Hostel. The senior members of the Victoria Hostel were mostly medicos, as they had the longest stay in Madras to complete their education. There were some planters sons from Ceylon who took 10 to 15 years to take an L.M.S. degree, and stayed in Victoria Hostel, their guardians honestly believing that these young men were employed in the Medical College. Thus some of the seniormost members of the Hostel were also the dullest. So finally it was ruled that nobody could stay in the Hostel for more than three years.

The discipline of the Victoria Hostel was ostensibly very strict, almost as severe as in a jail. The gates were generally closed at about 8 p.m. after which nobody could enter or leave the premises except with the written permission of the warden. The members had to mark their attendance in the room of the Sergeant, one Mr. F, a legendary figure of the Victoria Hostel. The member who broke the rules got an "invitation", with the best compliments of the warden, to see him the next day. Mr. F regular beat with his police lantern every night outside every room, was the last item of the routine of the Hostel for the night. But in spite of the rigour of the discipline in the Hostel it was not unusual to find one or two senior members sneak into the hostel after their nocturnal escapades. It was even rumoured that girl friends, dressed as boys, were smuggled into the hostel.

The Deepavali festival used to throw the entire hostel into a pandemonium. The lighting would be short-circuited and the books of any student who was reading with a lamp were made a bonfire of. But members of the medical college were treated with a little consideration. The social life of the hostel was of a kind probably unparalleled in the annals of education. Students from far-flung places such as Colombo and Vizag, Travancore and Hyderabad studying in the Law, Medical, Christian and Presidency Colleges, and all living in a single hostel, shared a unique experience. A few years' stay in the hostel was often sufficient to make them shed the last vestiges of provincialism and linguism.

The cultural life of the hostel also was ennobling. It had a very fine library and reading room.

A manuscript journal on the lines of "Punch" was produced by one of my talented contemporaries in the Hostel and circulated to all the members. There was a cartoon in it on a professor of Physics in the Presidency, one Mr. J, who was also the Government Meteorologist. He was rather short, less than five feet. There was a professor of Mathematics in the same College, Mr. L, who stood over six feet. In the cartoon, Mr. J, holds the telephone and phones to Mr. L, "Mr. L, would you please phone down the atmospheric temperature and pressure at your altitude?"

The medical student in the community of the Victoria Hostel occupied a position of respect. Apart from his status as the seniormost member among the student residents in the Hostel, his course was considered to be the most arduous and long, and he was always considered to be the best dressed. It was the usual practice of the medical students to "smuggle in" girl friends to lecture demonstration and operation theatres, if there was anything sexually exciting or interesting on show.

The vegetarian food of the hostel was particularly dull. The hostel mess consisted of three sections which were Vegetarian and Non-Vegetarian and the Northern. The "Northern" section was supposed to cater to the Andhras, Oriyas, and a few North Canara students. These mess sections, in trying to cater to different tastes, succeeded only in making the food singularly unpalatable, with the result that the bulk of the students frequented and enriched the nearby coffee hotels. The medico's plight was miserable, because except bed coffee and the meal at night, his breakfast and lunch were brought to him from the hostel to the medical college, to be consumed cold at irregular hours.

The Professor of Physiology was a Col. D, the co-discoverer of "Leshman Danavan" body, the causative organism of Kala Azar. He was a tall Irishman with a lot of theatricality in his mien. He would come to the lecture hall draped in ermine, the gown of his University, and

insisted on his assistants doing the same. He used to ask his assistant to prepare a huge map, the size of a room, marking out the nervous pathways in the human body. The student who would be asked to trace the nervous impulse from one part of the body to another had to walk along the pathway, on the map spread on the floor. The Professor like puck, enjoyed misleading the students in examinations, step by step! He had an inborn hatred of his English colleagues and never lost the opportunity of having a dig at them.

There was a case of a Rajah who was suffering from an incurable nervous complaint, which would make him impotent. Hence he was childless. His next of kin, it appeared, brought an action in the Court to the effect that since the Rajah was not likely to have progeny, and since he was likely to squander away his estate, it should be put under some trust, giving him only a meagre pension. There was a battle of wits in the court between the great medical men of Madras to decide whether he was really suffering from such a disease and if it was really incurable, Col. R, Col. E, Col. K, Professors of the Medical College, honestly testified that the Rajah was suffering from a rare disease, that they had not seen even one case of it in India, and that it was incurable. Col. D was called in to testify on behalf of the Rajah. He was asked :

"Is this a case of progressive muscular atrophy, Colonel? "

Yes.

"Have you seen any cases of this disease?"

Dozens of them.

" Have you treated or cured any of them? "

Yes, some.

"Experts like Colonel R, E, and K, are of the opinion to the contrary. Can you offer any explanation? "

One is a pathologist and the second is a junior in the profession and the third is an opthalmologist. I do not attach any value to their views in this matter.

The judge held that since an eminent Professor with an international reputation had justified that the Rajah's condition was curable, a decree be given in his favour.

The next day in the Professor's room, there was a lively conversation :

Col. E : "D, how many cases have you seen and treated of progressive muscular atrophy? "

D : "How many have you seen, E?"

Col. E : "Only one in England and none here."

D : "I have not seen even that one. But why should you deprive the poor fellow who is already struck by an incurable disease of his property?"

A Major of the I.M.D. (Indian Medical Department) was the Professor of Materia Medica. His teachings consisted in always referring us for the dosage of the drugs to the text books, and for preparing ointment and tablets, etc. and packing them in a nice multi-coloured boxes and bottles, to the attendant. But in practical and oral examinations he was very helpful. There was at that time the practice to ask the student in the examination to identify nearly 30 specimens of drugs in two or three minutes. The labels bearing the names of the specimen bottles were covered with blank paper bearing only a number. To get through this ordeal, all that the students needed to do was to get by heart the key list containing the number and the corresponding name of the specimen which was prepared by the assistant, for the benefit of the examiner,—for how can even an examiner distinguish between Sodium Chloride and Potassium Chloride crystals which are of identical colour, shape and size, without referring to this key. The key would be available to the students a day or two before the examination, if the attendant was suitably tackled. In these examinations, there used to be an external examiner, Dr. R, who always asked the students the dosage of rare drugs, which made the students blink. The Professor would then remark " Are we tigers, Dr. R, for these pupils to be frightened like this! " and

indicate to the candidate, without the knowledge of the co-examiner, with his fingers, the correct dose.

Besides renowned Professors like D there used to be intellectual prodigies of the I.M.S. on the staff of the Medical College. One such Professor of Hygiene, was correcting answer scripts of a dozen students for the Hygiene prize examination. There was a problem which required for its solution multiplication by the factor 273/T. When the Professor found in the papers of all these 12 students this factor 273/T he suggested to his assistant that all the students be punished for copying. Otherwise, "how the hell did all the boys pitch upon this blessed 273/T."

Col. N, a famous Surgeon of Madras, was our Professor of Biology. He was famous in those days for doing major surgery, consisting mainly of Hydroceles and Hernias, very neatly and successfully. He always had an obsession that the students knew and learnt more than was needed and he used to explode in class after an examination, "Some students wrote more than was necessary and got a 'Seero' for that."

The third year was the beginning of the chrysalis stage of the medico. The outstanding feature of this was a certain swagger with the stethascope, in front of the poor patients, and nurses too, probationary ones, in particular. The teaching and training of the Doctor started at that point. The students were posted to the out-patients department and the so-called "sheds". The sheds were really the cesspool of the General Hospital, where all the dirty and hopeless cases of the Hospital were huddled together. They were mostly patients with never-healing wounds, sinuses, fungating ulcers, etc. These students were asked to dress such cases, with what used to be called "tow", a jute-like fibre which absorbed nothing but our labour. The transfer of a patient to these sheds meant a ticket to hell.

The problem of language used to be a formidable one to the medico in the General Hospital which served the multi-lingual population of Madras and suburbs, consisting of Malayalees, Canarese, Tamils, Telugus, and a few of the Northern Provinces. Without at least a rudimentary smattering in these languages of common

medical terms such as fever, pain, cough, motions, etc., it would be impossible to do any hospital work.

So it was the first duty of the Medicos to pick up sufficient vocabulary in these languages to carry on routine clinical work. Even so, a few students in final examinations used to meet their "Waterloo" owing to their inability to understand the case because of their ignorance of the language. In the hospital work, it was amusing to note that while the male patient called the venereal disease as "female" disease in Tamil, the female patient called it the "Male" disease. It was reminiscent of the British calling Syphilis "French" disease.

There used to be a Resident Medical Officer who was fresh from the Army where speed was the essence of everything. During his regime, it was common to find flights of stairs, verandahs and rooms of the hospital shifted over night from place to place. He discovered once that there was not sufficient privacy for the patients in the out-patients department, and started having cubicles, i.e., small cells where the patient and the student could have uninterrupted privacy. Soon there were complaints and complications from the ladies of the department and the Superintendent asked the R.M.O. to cancel this cubicle system and pulled him up for his over zealous drive towards modernity.

II

When I began clinical work in 1870, *Montreal General Hospital was an old and coccus-ridden building but with two valuable assets, for the students—much acute disease and a group of keen teachers.*

—Sir William Osler.

The patient is the doctor's best text book.

—Boglivi.

The third-year student of those days had a very good grounding in the dirtier part of the clinical work besides dressing cases in "sheds", the filthiest of the wards. He had to examine routinely the stools, urine and sputum, of his allotted patients, besides taking a detailed case history from "cough to coitus" of his patient. He had to supervise the "sieving" of motions for worms, after a medicine and purgative were given for expelling worms; and he was expected to count them. The junior students were generally the favourite target of the professors in anatomy and physiology, in bed-side clinics, since these students had taken their examination in these subjects quite recently. As a rule, such questions came up when a senior fumbled in these subjects. The junior students were rarely allowed into operation theatres because of the strict aseptic precautions. The surgeons were very particular about it, and one surgeon used to remark, "Nothing is sterile in this damned pigsty," pointing to the operation theatre,—"except" (pointing good humouredly to the nurse)—"that female dog." The students were asked to translate to the patients the intricacies of the treatment or operation that was prescribed to them.

Once there was a case of gastric ulcer for which the short-circuiting operation was coming into vogue at that

time. The Surgeon asked the student to explain in the patient's language the details of the operation called Gastro Jejunostomy, to impress the patient and obtain his co-operation. The student was asked to "inform" the patient, "Your abdomen will be opened by an 8-inch cut here, your stomach and small intestines will be pulled up. Openings will be made in each, and they will be sewn together with cat gut." The poor patient almost collapse with fear, saying, "Is that so?" The Surgeon then hastened to explain that there was no danger and that he would live and live well, but still there was a lurking suspicion in the patient's look. He was posted for operation the next day. But that night he absconded from the hospital. Next day, I accidentally met him outside the hospital with the hospital clothes on, near the Central Station. He said, "Sir, what is the use of my living with so many holes in my guts."

Those were the days of Salvarsan, the great antidote against syphilis. To give Salvarsan by intravenous route, as Glucose is given today, was considered a major operation, catching the imagination of the poor suffering public. The set-up of the intravenous injection with its bottles, rubber tubes, etc., and the patient getting a smell in his nostrils when the injection was flowing in, were spectacular and dramatic features of Salvarsan. Hundreds and thousands of rupees were offered for this injection by the rich patients of those days. The less skilful doctors who were producing "Salvarsan abscesses" by mistakenly giving this injection into the skin, explained them away "Without producing an abscess how can Salvarsan cure." This used to remind one of the "laudable pus theory" of the 19th century. Not infrequent was this abscess noticed in the out-patients department of the General Hospital.

A third year student, then, was a probationary nurse and a wardboy all rolled into one. There used to be a funny treatment for chronic dysentery in those days. The patient was given on an empty stomach two teaspoonfulls of ipecac powder, a powerful drug which produces vomiting. This is supposed to cure chronic amaebic dysentery. But the success of the treatment depends upon the patient

retaining the powder without vomiting. The patient was put in charge of a student for two or three hours, and he was expected to prevent the patient from spitting, which provokes vomiting. With the utmost persuasive power and nursing skill that a third-year student could command, the best result he could achieve was not to be drenched with the irrepressible vomit of the patient.

After every hook-worm treatment with a purgative in the wards, the motions were sieved by the "thoti" and the worms found were counted by the student. While on the subject of hook-worm, a famous doctor from America visited General Hospital, Madras, to survey the incidence of hook-worm disease in that city. He was examining the stools of the students, ward boys and others by a special technique, and curiously enough pronounced his assessment that nearly 80% of us were infected. We went and told our Professor that the American Doctor had shown under the microscope in the motions of most of us hook-worm eggs! The only observation of the Professor, who had a prejudiced estimate of American scientific achievements, was, "He must have set the microscope with a hook-worm egg somewhere in it."

The Gifford School of Midwifery and the Women and Children's Hospital, Egmore, were famous institutions in those days. They were places of pilgrimage for learning midwifery and gynaecology to students from far off places like Rangoon and Lahore. Batches of students and post-graduates used to come to these institutions for training from all over India. The I.M.S. officers before they were posted to the civilian stations used to have refresher courses in these institutions. Since *purdah* was commonly observed in many places in Northern India, the students there had very little opportunity to see a midwifery case, and hence came to these institutions. It was said that in their province they had to diagnose all obstetric and gynaecological conditions, however urgent, by feeling the pulse, through clothing half an inch thick.

The most striking feature of the hospital corridors of those days was the Indian Ayah, with a red jacket and a white saree, the multi-purpose servant of the institution. Some wise Veneriologist of the hospital prescribed methyline blue for the treatment of Gonorrhoea with the result that the nurses, the patients and almost all the persons in the Venereal Department were nicknamed "Blue Birds", because of the universal blue stain on their clothes.

The Hospital used to confer some antenatal benefits on the prospective mothers who attended the hospital. The disbursement of this aid used to be so managed that it would be paid only if the woman attended the hospital during the teaching hours of the institution and allowed herself to be examined by students and teachers. Thus, an uninterrupted flow of clinical material for learning midwifery was ensured to the students. The first normal delivery that a student conducts as one of the sixteen deliveries he should do to complete his midwifery training, was in itself a thrill, and a foretaste of his future career. His nocturnal vigil outside the labour ward, to be summoned any moment to attend upon the delivery into this world of a human being who may end up as the head of a State, or on the gallows, is an unforgettable experience. It is while attending to these normal deliveries that one learns that there are babies and babies, and that while some are reluctant to come out of their mothers, some others are in a hurry, to do so, and the former require as much skill in coaxing out as the latter in holding in. The internee experience in this hospital of the male student was in most cases unique, since the male doctors would have little opportunity of attending these deliveries in their later career.

The post-mortem room in the General Hospital, though frequently avoided by the student, was an important and interesting theatre of activities. Eminent pathologists like Col. R and Dr. T used to conduct post-mortem, flourishing in the face of students the hindsight of the pathologist. Demonstrating the contents of the skull in the case of a

tubercular meningitis, one of them said, "Gentleman, see the naked eye appearance of the tubercle, on the membranes and the adhesions. Some brilliant physicians, might have treated this patient's fever as a P.U.O. (Pyrexia of unknown origin), and his headache as migraine, and his paralysis as some palsy." Many doctors who attended a patient during his last stages used to be present at the post-mortem.

Of all the hospital work a student had to do, the opthalmological hospital offered the lightest. In the out-patient department of this hospital, a student could dispose of nearly ten patients in five minutes. An Anglo-Indian Assistant Superintendent taught us this trick of the trade. Since the out-patient department was mostly incharge of the students, only harmless eye drops and ointments like those containing Boric Acid were kept there to be dispensed by the students. When we approached the Assistant Superintendent for detailed instructions for the use of these eye medicaments, he explained the scheme to us. "There are twelve medicaments," he explained, "to be applied to the eye there. Apply the first one to the first patient and the second one to the second and so on, till you come back again to the first for the thirteenth patient. You cannot commit any mistake."

The final year to many students started with a feverish haste to make up for all the idle hours spent during their medical college course. To a student who had never opened his text book everything looked frightfully important requiring to be doubly underscored with the blue pencil, with the result that the only part of the text book, unmarked, would be the index. Some students for the first time realised that it was their last opportunity to save their careers; so much so, they crowded round the clinical teaching of famous physicians and surgeons. One such physician during his bedside lectures used to put simple questions to these students such as, "How do you give a starch and opium enema?" A student may reel off when questioned, verbatim, entire chapters of even obscure parts in medicine and surgery, but when it came to simple practical procedures like starch

and opium enema he would pathetically look at the nurse and blink. The physician would say, "Look here, nurse this fool if he at all gets through, will start his practice in the outskirts of some obscure Gopisettypalem, where he will not have even a thoti, let alone a staff nurse to prepare that enema. Please show him how you prepare the starch and how much opium you put into it, and how you give the enema." The professors and examiners of those days were I.M.S. men who were often highly temperamental. Some students apart from attracting their favourable notice by feeding their practice with rich patients, take advantage of the clinics in order to make an impression on them.

If the examinations and the results are not a measure of a student's knowledge today, it was much worse in the 20's of this century. A most glaring instance which illustrates this point is the failure of the famous doctor, Dr. Yallapragada Subba Rao, to get an M.B.B.S. degree in the Madras Medical College. He received only an L.M. & S. which required a mere 40 per cent in every subject.

The final examination, especially the practicals of those days, were a dread to the best of students, because they depended so much upon the mood and temperament of the I.M.S. examiners. Whole batches of students would be ploughed because they would not be able to give the answer that the examiners had in mind, although they did very well otherwise. Similarly, if one caught the fancy of the examiner one used to get through despite poor performance. One of our friends, who became a famous Cinema Actor, had a talent for histrionics even as a student. He was asked by one of the examiners to describe the signs and symptoms of the 'parkinsonism.' He said "I cannot describe it, Sir, but I can imitate it and show you how a patient appears with that disease." When the examiner asked him to do so he imitated so well the

attitude of the patient of the parkinsonism, a disease with the so-called characteristic " pull-rolling movements ", that the examiner was delighted and said, " A student who has so finely grasped the essential characteristics of a disease that he can imitate the patient, is an asset to the profession." So saying the examiner made up his failure in written examinations and gave him an L.M. & S.

Some examiners were never satisfied unless and until they sucked the blood of the student and found out what he did not know. Human nature being what it is, they are probably still extant. One such was an M.D. in Obstetrics. He was a District Medical Officer in the districts for 20 years and he once came as an external examiner for midwifery. His theoretical knowledge of midwifery was as dim as the students, if not worse. Hence he used to bring for the examination a dozen questions about obscure subjects that were generally found in small print, as foot notes in the advanced text books. An entire batch of the students that had appeared before him for midwifery in the morning were ploughed because they could not answer these questions. To save the next batch from this fate, one of the examinees, an Anglo-Indian student, a dare-devil, was commissioned to somehow ferret out the piece of paper containing some of these questions and answers. He succeeded in carrying out his assignment while the examiner went out of the room to blow his nose. The examiner, unable to find the paper after searching all over the place, had to fall back on such simple questions as "What is the normal term of pregnancy". Thus a whole batch of students was saved from disaster by the timely but daring and inspired effort of an examinee.

For the clinical examination of the students, interesting and difficult cases were brought from various hospitals in the city. The examination was as much an ordeal to the patient as to the student. One can very well imagine, the predicament of a woman who had an advanced cancer in her breast as she was handled and questioned by scores of over-wrought young men, without any consideration for her feelings. Normally, with

the first few students, these patients are co-operative and even help them to arrive at a diagnosis if they are properly and tactfully tackled. But when the 21st student wants to examine her breast with the same rigmarole of questioning, she is at the end of her tether. She openly refuses to be examined; one of us had to appease a case of this kind who was, fortunately for us, poor, with a five rupee note, before we could get even a single answer to our questioning. Some of the examiners were so petty-minded that they used to come, with their hates and prejudices, to the examination room. If one of them appeared to like or to be satisfied with a candidate it was a signal for the other examiner to give this candidate a zero. There was one examiner in midwifery, who had in the past an accident with a particular instrument and had cut his hand. He always showed that instrument to the students and asked them what it was used for; unless the student said that it was likely to injure the operator and should be condemned, the student failed. Thus the poor candidate sometimes had to put up with a lot of unreason due to the peculiar temperaments of the examiners and the patients in these practical examinations. This should not however create the impression that medicos in those days got their degrees for any other reason than proficiency in their subjects. Far from it, the cases cited were only exceptions. Examiners like Col. M were famous for getting the best out of the candidate and giving credit to him in these examinations. The close association between a professor and a student of those days certainly produced a better class of Medical Graduate.

III

"Not that we all live up to the highest ideals—Far from it—But we have ideals which mean much—and they are realisable, which is more."

—Sir William Osler.

Accustom thy tongue to say 'I know not'."

—Talmud.

For the new graduate of those days a term of ıouse surgeoncy for one year was compulsory if he vanted to enter Government service. Even if he vanted to set up private practice, he would be naturally .verse to doing so unless he had acquired thorough com-ɔetence in every branch of medicine. The era of special-sation was yet to dawn, and so a private practitioner in [ndia had to be a jack of all trades. It was common for nost graduates to finish House Surgeoncy in all branches ɔf Medicine such as midwifery, opthalmology, medicine and surgery, which meant a stay of at least two more years in the Metropolitan hospitals in house appoint-ments. It was during these interneeships that the new graduate would have opportunities of working closely with great savants like Col. M, R, E, H, and others. These opportunities enabled the new graduates to imbibe the significance of the great traditions, principles and prac-tices of modern medicine in ample measure, which enabled them as pioneers to lay the foundations of a great independent medical profession in South India. In every city and town in the South, one finds today the strong edifice of the noble medical profession which these early pioneers, the graduates of the Madras Medical Col-lege had built up. This is not to say that there were no independent practitioners before those graduates appear-

ed on the scene. There were isolated instances, such as the famous Doctor Pattabhi who volunteered to be an independent medical practitioner. But it was only between 1915 and 1925 that medical graduates and licentiates in good numbers started to settle down in towns and villages to make a career in the medical profession.

It was a common practice for each of these graduates to work for at least six months in medical and surgical wards as well as in the opthalmic and women and children's hospitals. Those were days when lady doctors were rare and midwifery was a routine for town and village male practitioners. The Women and Children's Hospital with the Gifford School of Midwifery being the biggest institution in the East, I joined it as a House Surgeon.

One curious feature of the Women and Children Hospital, Madras, which was not widely known then, was that there were very few lady doctors, in the institution. Apart from the dearth of lady doctors, it was considered, that major midwifery was essentially a man's job. In these days of family planning work, when women increasingly refuse to get into labour, but prefer Caesarean sections, it might not be appreciated that forceps delivery was the commonest operation in the twenties of this century. Most doctors will realise that a forceps operation sometimes requires great strength and nerve. Besides forceps, other midwifery operations such as turning the child down before delivery require great endurance, physical strength and patience. Probably it was due to these reasons apart from the dearth of well trained lady doctors, that the Women and Children's Hospital then had few women M.O.'s, barring trainees.

Once, one of the junior Medical Officers—a lady who weighed only about 80 lbs.—was handling a difficult forceps extraction while Col. H was watching and directing the procedure. The operation was making no progress, while actually, during the relaxed phase of the uterus between the pains, it looked as though the child was "going in" instead of "coming out". Col. H, who was watching the struggle remarked, "Don't hang by the

forceps, lady—pull for all you are worth—otherwise the child may pull you in!"

Army doctors all over India were sent to the Women and Children's Hospital for the midwifery and gynaecological training before they were posted to civilian stations. There used to be quite an influx of hefty, north Indian army captains, whose forceps application, in its suddenness and violence, was reminiscent of pulling the cork off a whisky bottle.

There was always keen competition between the Post-graduate and the House Surgeon to snatch as many opportunities of handling midwifery operations as possible. There was a strict agreement, between the Superintendent and the Post-graduate to give the Post-graduate a chance to do a specific number of forceps, Caesarean section and other operations, in return for a fixed private fee which the Superintendent was permitted to appropriate for himself. Hence the House Surgeon had to hunt for his cases as best he could , since most of them were given away to Post-graduates. It so happened once that the wife of a well-placed European civilian was admitted for delivery. She was a fussy patient who could not actively progress in labour and screamed incessantly. As a rule, if any European or Anglo-Indian woman suffered even the slightest distress in the hospital, a memo about her condition should be sent to the Superintendent at once. I consulted with Miss R, the Matron of the Hospital, who was the maker of the reputations of many Obstetricians and Gynaecologists of the Hospital. I said to her, "The woman is very well-developed, with adequate pelvis measurements. Why does she have so much trouble in delivery?" She replied, "Doctor, you are young and a know-nothing. Her pelvic measurements are well-developed, and her chest measurements are equally adequate. The trouble is some women are made for their husbands, and not for their babies. She can neither deliver a baby nor nurse one." To comply with the rule, at her advice, I sent to the Superintendent a memo about the patient's condition.

"Mrs.——, is having pains and is shouting. Her pulse, temperature and other conditions are in order. The uterus is not contracting. Foetal heart 120, head not engaged. Above the brim, O.S. admits two fingers. For instructions." All that was required in her case was a sleeping draught which would give rest and sleep to enable her to recoupe and get into labour with added strength. But this memo went to the Superintendent at a time when he was enjoying himself with alcohol amid his friends. The result was he wrote on the margin of the memo with a pencil, probably without reading the note carefully. "Apply forceps and deliver", and sent it to the house surgeon on duty. To apply forceps when the cervix is not properly dilated and the head is not engaged is a difficult operation and also a dangerous one. But few house surgeons could resist the temptation of doing a difficult operation on a woman of consequence, especially when such resistance meant disobeying the Superintendent's orders; however absurd the orders were, trying to bring a "far gone" and "pickled" Superintendent to a state of proper clinic judgment is not one of their duties.

In consultation again with the matron, the operation was decided on and proceeded with. As expected the cervix had to be manually dilated and the forceps applied to an almost floating head. With the greatest difficulty the forceps could be locked, but the child would not budge an inch in spite of our best efforts. We sent a memo describing what we have done, "Applied forceps—unable to deliver, please come."

Then the demi-god himself descended unobstrusively on the midnight scene. In view of the importance of the patient, he bestirred himself "to come to the surface". He washed his hands and examined the patient and almost swore, "The foetal head is high up in the 'heavans', mister, not above the brim!"

I showed him the original memo, wherein it was stated that the head was high up and also his marginal instructions; a faint dream-like recollection dawned on him. He barked, "What was your difficulty?"

"I could not pull out the child, Sir."

"Then I will pull it out—start the chloroform and put her properly under. Not your damned 'House Surgeon' stage, but proper 'High Court' stage wherein she must see angels'." It being my first or second duty as an anaesthetist, I had not the courage to push the patient to the stage, exhorted by the curses of the Surgeon. So while the patient was held down by a few probationary nurses, the forceps was locked with the greatest difficulty and he made as strong a pull as his condition would permit.

The flooring of the labour room had a finely polished marble-tiled surface, made slippery by blood and lysol solutions. While the Superintendent was trying to pull a baby which would not come down, the forceps slipped and he also slipped over the slippery flooring and fell flat with his hands held high holding the empty forceps.

With great difficulty, we suppressed a giggle; we all went to the Surgeon's rescue. We took him to the drawing room, cleaned him up and gave him a new apron.

He was infuriated with nothing in particular—probably with the foetus that refused to come out—and remained almost speechless, for some time. Then he returned to the attack with redoubled vigor, and asked me to send for the Resident Medical Officer for giving anaesthesia, who knew the requirements of the Superintendent in these matters better than I did. The resident officer came and took in the situation at a glance. The Superintendent asked us to put the patient in Walcher's position, at the end of the table, and start the anaesthesia. The patient was under within a few minutes. He applied the forceps and delivered the child with such force, that there was a IV degree tear of the maternal soft parts. The sight was so bloody that one of the probationary nurses fainted.

"Take that bitch away," he shouted, and walked out leaving the mess for us to clean up. Luckily, the child and mother survived, the mother a much damaged woman, and the child apparently healthy — apparently because it is difficult to predict, the effects of the harsh

treatment it had received during the delivery, in later life. The new born, a bonny baby girl weighing nearly 9 lbs., gave a lusty cry of life, in spite of all that we had done to it. Life defeats our most destructive propensities.

As a rule, the Superintendents were highly cultured, competent I.M.S. men who took to their work with missionary zeal. They were full of a sense of humour, and played to every idiosyncracy of the patient who paid well. For instance, there used to be a "Rahukalam-Gulikakalam" table in the operation theatre, to enable the patient to choose the auspicious moment for the operation and also to avoid it. Sometimes to the discomfiture of the Surgeon, the patient suddenly not being "available" for the operation because his relatives said that the time fixed was "Rahukalam" not auspicious.

The Superintendent was always very considerate, even to the new-born of the hospital. So considerate, that sometimes his treatment was very nearly fatal. One night there was a new-born crying incessantly in the ward for the recently operated. It was a routine for the Superintendent to see the patients he had operated on that day, during his night rounds. When the Superintendent saw the baby he had delivered that morning by Caesarean section, he enquired of the duty nurse why the baby was crying and what was being done about it. She told him that there was nothing wrong with the baby, that it was taking feed, passing urine and stools, and had only started crying a few minutes earlier. The Superintendent proceeded on his rounds and when he was returning half an hour later the baby was still crying. These midnight rounds of the Superintendent were always an ordeal to the nurses and the assistants. The Superintendent in his over-zeal, laced with alcohol, wanted to give an injection of "Omnopon", an opium preparation to put the child to sleep—a dangerous procedure—and ordered the sister on duty to prepare the injection. The matron who was accompanying the house surgeon on the

Superintendent's rounds, an adept in managing these "midnight crises", sent the sister away somewhere with instructions that she should not return to the ward till the Superintendent was "safe" at home. After a while, the Superintendent shouted, "Where is Omnopon?"

Matron: "The nurse has gone to the stores to get Omnopon, Sir."

Supdt.: "What the dickens! Post operation ward not having 'Omnopon' available! Put this 'Florence Nightingale' under suspension!"

and he was sitting there fretting and fuming and all the while the unfortunate child was crying. After a few moments, the Superintendent was so impatient, that he shouted at the matron, "Look, matron, it is as though they are planting the opium poppy for this injection today. Rush and get me the injection." The Matron drew the house surgeon aside, whispered something and disappeared. Ten minutes passed and nothing happened, and all the while the Superintendent was pacing the verandah like a caged lion. The house surgeon then suggested, "If you permit me, I will give the injection, Sir, you can go, Sir."

Supdt.: "Nothing will be in its proper place in this rotten hospital—not even the nurse's skirts! Anyway immediately give the injection and report that duty nurse for neglect of duty."

Muttering these words, he went away. The matron and the duty nurse came from hiding soon after he had gone. The next morning when the duty House Surgeon was relaxing in his quarters after night duty, there was a sudden visit from the Superintendent.

House Surgeon: "Good morning, Sir."

Superintendent: "Good morning, boy. Have you given that Omnopon injection to that baby last night?"

H. S.: "I could not, Sir."

Supdt.: "Thank Goodness—You could not."

Chuckling, the Superintendent departed.

The duties of a house surgeon in the Women and Children Hospital were not all smooth-sailing. One has to face obloquy and sometimes even threats of violence. Once there was a case of a Muslim gentleman bringing his daughter to the hospital for pains in the stomach and indigestion. The woman was a purdah-observing lady, with a "Burkha" from head to foot, leaving only two holes for the eyes. The duty nurse was asked to take the lady into the examination room, examine her and report. There were half a dozen male and female relatives waiting outside the examination room. The nurse, stupidly, without anticipating the consequences, congratulated the father of the patient on the fact that he was going to be a grandfather in an hour or two. You can imagine the hell we had to face. The patient was an unmarried woman and the patient's father somehow was kept in the dark about her condition. He and his relatives went so mad with rage that they were about to assault the nurse and the officer on duty as if they were responsible for the woman's condition. The ward boys and others had to be called in to put the father in his place. After the father and that relatives were a little exhausted, the matron who was old and tactful, told the father, "Why do you make a fuss like this, there must be some tailor or someone who is a friend of your family, who is responsible for this. Get hold of him and marry him to her!" The relatives and the father quietly disappeared murmuring, "That rascal of a Panwalla", leaving the patient and her mother in the labour ward.

I had my first medico-legal case during my tenure in this hospital. At about 4 P.M., a 16-week pregnant woman, mother of three children was brought into the Hospital with a history of having been struck on her abdomen by a heavy grinding stone thrown at her by her landlady. When examined. the uterus, apparently of four months pregnancy, was found completely empty. There was a little blood flow. She was diagnosed as a case of complete abortion probably due to external vio-

lence to the abdomen, treated accordingly and discharged. After a week or ten days, the police charged the landlady with producing grievous hurt, namely, a complete abortion by striking the tenant on her abdomen with a grinding stone when she was pregnant. The story of the landlady was that there was an altercation between her and the tenant, about this grinding stone, which they were pulling at from opposite sides, and that the landlady suddenly let go, the tenant fell flat and the grinding stone fell on her abdomen. Hence it was only an accident, for which the landlady could bear no responsibility. The case showed no external injuries over the abdomen.

I was called in as a medical witness in a criminal court since I attended the case in the hospital. It hung on the fine thread of any evidence which could conclusively prove whether the grinding stone was "flung" or just fell. It was too fine a distinction to be made by medical examination. But the "big guns" on both sides, wnen my evidence was not of much help to them, started "brow beating" tactics.

I had to seek the protection of the Judge who was very sympathetic and pulled up the Advocates. He asked a very pertinent question.

"Doctor, you say there were no external marks of injuries on the abdomen—and yet there was sufficient impact of the stone to produce complete abortion. How do you explain it?"

My answer was:

"If a watch falls down and the glass does not break, ten-to-one the mechanism suffers damage. Here the impact of the fall was taken by internal machinery, and hence the glass escaped. Similarly, it is likely that the entire force of the impact of the grinding stone was taken by the uterus inside, and hence the external abdominal wall escaped injury."

The judge was satisfied.

The House Surgeon besides setting high standards in his routine work, should also be very tactful, specially when he has to deal with temperamental superintendents.

The Superintendent in his capacity as the professor of midwifery was one day demonstrating to the students in the lecture hall, the use of a new made Italian instrument, for treating a case of "placenta previa" (literally meaning, "After birth before") a serious disease to treat in Indian conditions. The instrument instead of dilating the cervix of the uterus, cut it like cheese into 4 or 5 pieces, resulting in heavy bleeding. Those were not the days of transfusion, and the patient collapsed on the table to the shock of all present. The child somehow lived for a few hours and died for no apparent reason. It was a routine duty of the Medical Officer to make a report before he had left his office next morning. And he should mention in the report any death or accidents that may have occurred during the night. I was on duty that night, and the next morning I sent a report which contained the following:

"The Placenta Previa case operated on by the Superintendent last evening; both the mother and the child died." This report went for countersignature to the Assistant Superintendent. He sent for me and remarked, "The report is not really meant for the Superintendent, young man, because he already knows the result. It is for posterity. Don't make it more horrible than it already is, by your forthright use of the English language." He corrected it to read, "The Placenta Previa case delivered yesterday; mother and child expired." Having corrected it he asked me: "Was the husband present at the time of the operation?"

"Yes, Sir."

"Then he should have been knocked on his head with that new instrument and we would have done in the whole family!"

The poignancy of the maternal instinct can be truly witnessed only in the wards, more so in the general wards of an Indian Maternity Hospital. The Indian mother, poor in the good things of life including health, clings as soon as she is able, to the five pounds "lump of living flesh" which has brought her not once, but many times, to the threshold of death. Thirty years ago, when there were no antibiotics, it was a common sight in the maternity hospitals to see all classes of women going through the ordeal of child birth most cheerfully—whether by Caesarean or forceps operation or puerperal fever, or eclampsia even for the 12th child. As soon as the mother came out of either anaesthesia or a prolonged delerium, her first question was about the child, and her first movement of the hand was to caress it.

A mother of eleven children, who had one complication or other for each birth, came to the hospital with a transverse presentation, showing a hand that had come out, from a village 20 miles distant, travelling by bullock cart. One can very well visualise the state of health of the mother and the child inside, who had travelled all that way with such a complication. Yet, when she was admitted, the child was living and we hurried to do our best for the patient. The child was delivered by turning the child's legs down. It was found very difficult to deliver the head and in making it so quickly, the tiny, lower jaw of the baby was broken. Yet it was a triumph for me, because it was my first operation and it was also successful but for this mishap. The mother's condition was very grave immediately after the operation and for nearly three weeks after; during this period she was persistently delirious with fever. The child had to be looked after by a nurse. As soon as the mother regained her senses, she asked for the child, and we brought it to her. The child was at that time recovering from the mishap of the broken jaw. The mother, half in anger and half in self-pity said, "Sir, this wretched thing nearly killed me, please take it away or give it to somebody. I have already eleven children. I do not want this one."

I asked her, "Do you really mean this?"

"Yes, Sir, I swear I do."

"Then shall I take it to my house surgeon's quarters?"

"Most certainly, Sir."

I thought I could have the child as a memento of the beginning of a successful obstetrical career and placed it in a separate ward away from the mother. The child thrive with the zealous care and enthusiasm of the "maternity starved" nurses, almost every one of whom adopted the child. Meanwhile, the mother had a very stormy convalescence, putting up a stiff fight, against puerperal fever, anaemia, and a host of other complications. It was nearly three months before we could consider discharging her from the hospital, during which time she showed such an apathy for the child that I began to make permanent arrangements for the upbringing of the child. It was now a bonny, presentable 11-pound thing, good enough to win any baby contest, thanks to the nutritional resources and the wardrobe of the entire hospital. The mother at the time of discharge wished to have a last look at the child, and the nurses, vain fools that they were, dressed the child up handsomely for the mother to have a last look at it. That was our undoing. The mother who had never seen any of her children in such a state of health, was overcome with delight and the "last look" was prolonged for almost half an hour. Then she gave the child to me with tears in her eyes saying, "Sir, This is a girl after seven boys!" I was a little embarrassed, and felt I might be unfairly exploiting a patient-doctor relationship, if I took the child away without giving her an option to have it.

I put it to the mother:

"I was bringing her up since you definitely said she was unwanted and superfluous! Would you like to take her?"

With a shy downcast look, she said, "If you permit it, Sir, can a child be superfluous to its own mother? Each child is interesting in its own way. Who knows what great

destiny awaits her?" My youthful, selfish outlook received a rude shake-up and I presented the child to the mother with my good wishes. The incident had no other repercussions, except that I had to answer a number of discreet but embarrassing questions from near relations and friends who heard about the episode.

The early part of the century was a period in which the myth of the omniscience of the white reigned supreme. Whether the white man was in the I.C.S. or the I.M.S. or even in a commercial house he was presumed to know everything, and expected to act an expert on any subject. Consequently, they were much in demand in the courts of law as expert witnesses, irrespective of their branches of specialisation. Once there was a case of an alleged murder due to homicidal throat cutting in an up-country sessions court. One of my advocate friends was defending the accused, his main defence being that it was a suicide case. He wanted an I.M.S. of eminence to testify that from the *post mortem* report and the description of the position of the wounds, their direction and other particulars there was a strong presumption that they could have been self-inflicted. He wanted me to take him to my Superintendent, who was a senior I.M.S. officer, and explain the matter. We saw him in his residence. He wanted me to find out if my friend was good enough for a thousand rupees per appearance. My friend having agreed, he took Rs. 1000 in advance and told the lawyer, " Please let me have at least a week's advance intimation," and pointing to me added, "this young man is fresh from College and hence must know a lot of anatomy. Let him go through the evidence with me."

We promised to do this, and left him.

After some time the Advocate wired to the Superintendent, with a copy to me, that the case was posted to a certain date and that he should be ready to proceed to the Court and testify. When I saw the Superintendent with this telegram, he was good enough to sit with me for a few minutes and read the *post mortem* report and the positions of the arteries and veins in the neck. He then asked me to see him again a few days later with

anatomical charts of the neck clearly enlarged and illustrated. When I wanted to keep the appointment with his requirements he kept postponing the sitting. Finally, two days before the hearing date, when I respectfully explained the implications of not attending the Court as promised, he blurted out.

" Look here, young man, do you think my knowledge of anatomy lasts a life time ! Why ! I can't distinguish a vein from an artery in the neck and I don't want to be pulled to pieces by these up-country lawyers ! Can we not get out of it? Here is his advance, send it back to him with my apologies ! " He handed me a cheque for Rs. 1000.

I could very well understand his difficulty at trying to master at his age, the finer points of the distinction between homicidal and suicidal throat cuts. I wired to the Advocate to look for another expert to help his client out, and wrote to him in detail, sending him back his cheque.

In those days, the Gifford School of Midwifery founded by Major General Gifford, was a famous institution in the East. Major General Gifford had trained scores of doctors who later proved to be very able obstetricians, and teachers. The old case files of Gifford's time made very interesting reading to us. At every operation by his junior I.M.S. Officer, he was invariably present, giving his valuable advice and guidance, as shown by some of his very interesting remarks in the case sheets. Once there was a case of Hyper emesis Gravidarum — severe vomiting of pregnancy—admitted into the hospital in an advance state of exhaustion. She had an occasional motion mixed with blood, which on microscopic examination showed " cysts of amoeba ". His assistant, a captain in the I.M.S., prescribed dram doses Pulv. IPECAC to the patient to eliminate the cysts, resulting in a fatal aggravation of her vomiting. Here was a remark of Col. Gifford on the case sheet: " Obviously Captain believes, that an occasional amoebic cyst in the motion is a grave

and fatal complication of pregnancy, requiring urgent and energetic measures. It is now difficult to state what the patient is dying of : Hyper emesis or Pulv. Ipecac ".

In another case sheet was recorded the statement : " Captain states that it was a case of contracted pelvis III degree with the foetal head too big to be delivered per vaginum; jammed in the pelvis, child dead, mother in labour for the last 48 hours, permission for craniotomy (opening and crushing the skull) sought." " Permission granted and craniotomy done in the presence of the Superintendent by Captain—He has done the operation rather skilfully and delivered the 'so-called dead child'. But the thing gives a cry from the basin into which it was thrown. Having split open the skull of a living child, he has not at least the sense to hold it by the neck and strangle it till it is dead before he throws it out. Now it cries to the heavens for vengeance." Sometimes the child, although its skull is crushed, still breathes and cries as long as it is not dead.

We had amongst us a young officer of the General Hospital, an enthusiastic student of Yoga, who used to go to a guru in Chintadripet every evening for "Yogic" exercises. He was very kind hearted and frequently exhorted us not to put too much faith in physiology and anatomy. He said that there was something divine and eternal besides the cartilages and 'plasma proteins' in all of us and that we must try to develop our faculties to apprehend that unseen source of light. He took us one evening to his guru in Chintadripet. The guru was a Mudaliar gentleman residing in one of the dingy by-lanes in the heart of the city. The hall in his house was well ventilated from all sides. On the walls, at a height of nearly 3 feet, i.e., at the eye-level of anybody who squats on the floor, was written in bold characters the "Gayatri Mantra" to which most Hindus are initiated early in life. When we went there, the disciples of the Guru, about 20 in number, were squatting there, facing the wall and reading aloud the mantra letters written on the wall. The

Guru himself was squatting at one end of the hall and speaking to casual visitors like us. What ever doubts the visitors or disciples might have, he points to the Gayatri Mantra on the wall and assures them that if they chant the mantra, their doubts will be cleared and their minds illumined. At the other end of the hall was a very big framed portrait of the single letter "Om" with a legend below, "In the lunatic asylum from 1910 to 1916", hanging on the wall. I had been there with the officer two or three times, more out of curiosity than out of much religious zeal. One day I asked the officer for the significance of the portrait. He asked me to put the question to his guru, and assured me that he would not take it amiss. The next time I visited the guru and respectfully requested him to enlighten me about its significance. He very gently asked me to be seated and gave me a detailed account of an incident in his life, which was stranger than fiction.

"I was a Goods Clerk in the M.S.M. Railway, and five years before retirement, in 1910, I was deeply immersed in my religious practices. I went into a blissful experience of incomparable quality, and became completely dead to the outer world and to my body. I do not know how long I was in that state. When I fell out of it, for it was truly a fall, and became alive to my body and the outer environment, I slowly learnt that I had been kept in a lunatic asylum for six years (1910-1916). However much I have tried to get into that condition all these years, I am unable to get even to its fringe. Compared to all the other things I have experienced in my life, that experience was so supremely ecstatic, that I ever cherish its recollection. What else can I do except to have that picture in remembrance of it?" I was a little sceptical, but greatly surprised, and wanted to look up his record, if any, in the lunatic asylum he had mentioned, at the earliest opportunity.

During my next routine visit to the mental hospital, I hunted up the old case files of the hospital. I reproduce below the relevant details of his case sheet during his stay in the hospital.

"A. G. Mudaliar, Rly. Employee, aged 52, well nourished, etc., male, etc., present complaint—said to have suddenly become unconscious during one of his routine daily religious matters. Body and limbs in a cataleptic state, eye transfixed—body stiff as in rigor-mortis, respiration slow 8 per minute, pulse bradicardia, 50 per minute, unable to take any water or nourishment for the last two weeks. Nasal feeding was resorted to but with little success. Rectal feeding also was of little success. Even after four weeks' starvation, the patient showed few signs of wasting or malnutrition. After nearly 8 weeks the cataleptic state was not constant but intermittent, the patient having been totally unconscious between those intervals. In those intervals the patient could be forcibly fed. Gradually these intervals grew longer and longer. Finally, after one year stay in the hospital, he regained his consciousness but after 4 years was for all appearance normal, and the relations were informed and he was watched for a month in the hospital and discharged."

IV

"The practice of medicine is an art not a trade, a calling not a business; a calling in which your heart will be equally exercised with your head— often the best part of your work will have nothing to do with potions and powders but with the exercise of an influence of the strong upon the weak the righteous upon the wicked, of the wise upon the foolish."

—Sir William Osler.

The prospects of gainful employment for the Medical graduate in the early 20's of this century were not very bright. The recruitment to the provincial Medical Service had almost ceased for the new graduates, to provide "safe berths" for the temporary I.M.S. men who served in the first world war and who were being demobilised. A sizeable number of medicos, some of whom had not even completed their final examinations, were offered attractive terms for the duration of the war in the army and certainty of employment after the war in the provincial medical cadres. They were despatched to the fronts in the "Hospitalship", Madras. Naturally, when these medicos were gradually released from the army, it was but fair that they should be absorbed into the regular provincial service. So there was little or no opening for a new graduate unless the Surgeon-General, or one of the Surgeons and Physicians of the General Hospital took a fancy to him. Even then, he would be only a temporary man likely to be ousted when a temporary I.M.S. Captain appeared on the scene. So the private medical profession, which was then still in the formative stage, was the only alternative for most young medicos, with all the adventures this indeed. By training, education and habits, most of these

young men were fit to live only in towns and cities and they naturally preferred the larger towns and cities for private practice. Since there was no organised private medical profession offering useful data to a newcomer, the choice of a place of practice was anything but rational. It depended upon the number of income-tax assessees in the place, and influential friends who could give a "leg up" and contribute towards a decent social life.

The search for such a place proved an interesting experience in itself. In most places the practitioners of modern medicine, with few exceptions, worked in isolation, looking upon their colleagues with a certain amount of hostility born of jealous competition. In a prosperous town, when one enquired about the conditions of practice, a doctor complained that his colleague, who was practising opthalmology, was sending a man to canvass around the villages with a bottle of removed cataract lenses. In another place, I attended an operation for the removal of a stone in the bladder. After the operation, the colleague who assisted asked the surgeon if he could keep the stone. The surgeon agreed. A few months afterwards, it transpired that the assistant-colleague who kept the stone was showing it around, vaunting " his surgical skill".

But in every place, the most conspicuous thing was the pioneering work which these men of modern medicine did. They had to fight with the age-old ignorance and poverty of the people, improvise their own ways of giving surgical and medical relief in uncongenial surroundings, and still make a living and an honourable profession out of it. In an out-of-the-way village, one of my seniors in the College had trained a compounder to be his anaesthetist, and was doing abdominal sections and a lot of major surgery very successfully. Unfortunately, he met his "Waterloo" when he removed the tonsil of a V.I.P.'s son and the patient bled to death on the table, virtually the whole village, witnessing it.

In another village, an urban surgeon opened an improvised surgical ward, training a local barber to be a nurse-cum-dressing orderly. The doctor came twice a week and did a number of Hydroceles, Hernias and Elephantoid Scrota and entrusted the local barber with the post-operative care. The surgeon would be summoned in case of any emergency or would see the patient when he came on his next round of operations. The practitioner developed a very easy surgical conscience because it appeared that for all the operations on the average he received 15 or 20 rupees a piece, the local barber-orderly, who was also a canvasser, obtaining the lion's share. At another place, there was a very enterprising Ayurvedic practitioner who honoured a local medical graduate by consulting with him about all his difficult cases, and asking him to treat the cases along with him. The Ayurvedic man so managed matters that the poor colleague of modern medicine got neither money nor credit for the success of the case, which was mostly his contribution, because he was so enthusiastic to serve the sick and suffering that he could not see through the game which the Ayurvedic practitioner was upto.

In most places there were very few seniors to whom one could go with confidence for advice in any matter concerning the business or the scientific aspect of practice. All in all the picture was discouraging except for one redeeming feature, namely, that almost all the newly started doctors were doing well.

One of my senior colleagues in college was good enough to advise me to start my practice in his place, which was a great thing in those days. That finally determined my choice of the town to practice in. To equip oneself to start practice was a very tricky business in those days. One did not know what type of work one had to undertake, medical or surgical, obstetric or opthalmological. The place I began work in had four practitioners of modern medicine doing every work that came their way besides visiting villages upto nearly 30 miles around. There was no lady doctor for scores of miles around. So it looked as though one had to be prepared to tackle

an emergency in any branch of medicine and surgery. I started my work with the minimum equipment, almost a first-aid kit, consisting of a Hypodermic and Glycerine Syringe, a knife, a pair of scissors, a few sutures and needles, one or two artery forceps and a midwifery forceps, I hoped to add to the equipment according to growing requirements.

My first case was of a woman who was in labour for forty-eight hours in a village. My compounder and I travelled 17 miles in a *jatka* on a country road, summoned by a country midwife, to help in one of her cases.

A gentleman came from an upcountry village with a country midwife. His wife, he reported, was in labour for the previous two days, could not deliver the child, and was attended on by the midwife who accompanied him. The gentleman asked the midwife to give a detailed report of the case. When he reported that a country midwife attended his wife and could not deliver the child, my enthusiasm for my first case was replaced by nervous fright; for my experience in the Women and Children Hospital had given me a graphic idea of all the tricks that a country midwife was upto in her obstetrics and the mess she would hand you over to clear. The midwife, probably aged between 30 and 60, who had her graduation in midwifery by assisting her mother who must have been a scion of her profession for half a dozen villages, looked at me, a male aged 25, who was presumed to advise her in the trade, with near contempt. She reeled off, in a vernacular, gynaecological and obstetric jargon of her own, the main features of the case.

After questioning and cross-questioning her closely, I could make out that the woman was having the sixth baby and that there was no progress in labour for the previous 24 hours in spite of her lubricating the parts, two or three times inside and out, of the mother and baby,

with grease, castor oil, and a few other juices of certain leaves; and that the umbilical cord had come in advance of the child.

After hearing the dismal story, I asked her in exasperation if she expected the mother and child to be alive by the time we got there to do anything. For, it is certainly, to put it mildly, a very embarrassing thing to start one's practice with two patients who are likely to be dead by the time one arrives to treat them. She assured me with the professional confidence of an M.R.C.O.G. that if she had her own way she would have presented the husband with a beautiful live baby and wife, and that it was because he got frightened that he sought the aid of a male doctor to deliver her. She was certain that mother and child would be O.K. unless my "English method of delivery which was not suitable for Indian woman, proved fatal."

The gentleman got us one of the racing *jatkas* of the place—we had only one or two cars then in the town—to carry us quickly to his village. I took with me in this case a compounder-cum-servant who was being trained in his work. We reached the place after being jolted about severely for three hours on a most rotten road. The patient's husband being an important landlord of the village, the entire population was there to greet us, and conveyed to me the good news that the patient was living. The house was a biggish tiled old construction with small windows which were more like skylights. I was taken to a big room where the patient was lying on a hempen-cot surrounded by all the women of the place, with scarcely any breathing space. My immediate problem was to clear the room of the visitors and relatives so that I could have a good look at the patient and gauge what I was up against.

Let me at this stage try to give you a picture of my situation ; a village population gathered together around a male obstetrician in those days. Any male modern doctor who treated diseases peculiar to woman could not be a normal male. He was considered sexually an insati-

able profligate, almost a satyr from whose sight even an eighty year old woman should run away. How else could he learn enough about a woman as to deliver her? Or he should be a Suka, a saint in whose naked presence any woman can undress with impunity.

When I proposed that the room must be cleared of all women except the midwife and the mother of the patient, the reception to my request was mixed, and protestingly vociferous. Since the husband could understand me properly, I effectively cleared the room for examining the patient. After nearly twenty minutes of work to clear the mess of leaf juices, old greasy rags and other odds and ends, my examination revealed a very well-developed woman—otherwise she could not have stood up to her prolonged labour, with insults to her anatomy inflicted by the midwife,—somewhat anaemic, with a weak pulse and dark rings round her eyes which were red and congested since she had had no sleep for two nights. There were no pains, and the foetal heart could not be heard. An examination showed that the uterus was inert and the umbilical cord of the foetus had come out in advance of the head which had travelled half way down the maternal passage but would not proceed further, though the passage was fairly open. I provisionally thought it was a case of the uterus being exhausted due to previous ill-health, prolonged labour with constant manipulation and loss of sleep. Since the umbilical cord which had come out in advance must have been pressed by the foetal head and consequently the foetus must have been without any blood supply for quite a time, I had no hope for the child. I took the husband and the mother of the patient aside and told them what I thought about the case. Of course, the midwife loudly protested that the child was alive and if we would even at that stage permit it she would bring her colleague from the next village and confront us with a live child delivered.

When a woman in labour is exhausted and the uterus not active text books warn you, you will court disaster if you deliver the woman forcibly. They advise that the woman should be given rest and sedation, so that she may

recoupe her energy to go into labour. In this case, even the child's life was gone and there was no need to force labour on its score. So I told the relatives I would give the patient medicine to make her rest and sleep for two or three hours, and would do the needful after that. Accordingly, I gave her a sleeping draught and some milk, and asked all the relatives except one to clear out of the room and to leave the patient alone.

Since there was little for me to do for three or four hours, the husband gave me an easy chair to relax after the heavy shaking of the journey, and went to fetch me a cup of coffee which I badly needed. After an hour, he brought me a glass of coffee cold as death which had a faint aroma of garlic. I wish that some of the Union Health Ministers who ask the young medico to settle in the villages taste such concoctions to get an idea of the self-abnegation it needs on the part of a young medical graduate to choose and live in a village.

I asked the husband, why the coffee was smelling of garlic. It appears the local shop man—there was only one shop there—bought a pound of coffee powder from the nearest town the previous year and since there was not much demand for coffee it was lost sight of. The rats had dragged the packet into a basket of garlic. I drank the beverage, hoping for the best, and dozed off in the easy chair. Meanwhile, the midwife was broadcasting the news in the village that instead of doing something urgently for which I was brought all the way from the city, I was comfortably sleeping after a cup of coffee, having given a sleeping 'poison' to the patient from the effects of which she would not wake up.

The result of all this was that the patient had rest for only one and half hours. Every time she closed her eyes, somebody woke her up to see if she was dead or alive. Since it was impossible to secure further rest for the patient in those conditions, I decided to extract the child by using forceps. Even with that little rest, the patient rallied a little. Two wooden benches from the local school formed an improvised operation table. I

cleared the room of all people except the nearest female relations, closed the door and started the anaesthesia, which was taken over by my compounder. The midwife, such as she was, was my assistant, I locked the forceps with some difficulty (due to nervousness) and was about to pull when I looked around. I felt as if I was in a lion's cage in the centre of a three-ring circus full of spectators. The door of the room was open and the entire womanhood of the village had "free tickets" for the show.

I did as best I could in the circumstances, concentrated on the operation, and delivered the child after some exhausting pulls. The foetus was lacerated, probably dead for more than a day. The mother had a terriffic bleeding after the delivery, which drew out the best of my resourcefulness and courage to control it. The patient had a tear which required stitches. In that crowd and confusion, my compounder was unable to find the suture needle. I requested the mother of the patient to get me a stout sewing needle which I was given after a hunt in the village. With that I completed the operation successfully and felt like a victorious prize fighter after a seventeen-round bout. The audience seemed entirely satisfied with the show, judging from the respectful looks of spectators, including the midwife. There were some old mothers in the audience who could understand why the child did not live, when the umbilical cord was being pressed by the head for such a long time. The gentleman seemed pleased with the result, for he gave me two gold coins unasked and a cartload of fruit. They offered me another cup of coffee "for the road" which I refused, for I did not want to lose the taste in my mouth of my triumph. Thus was I well and truly launched on the high-seas of private practice.

In a poor country like India, every town as well as every village has a host of incurable patients suffering from diseases such as intractable skin troubles, joints which were inflamed and immovable decades ago, extensive

scars due to burns, elephantoid conditions and a legion of functional complaints like Hysteria, Epilepsy and various grades of impotence. Medical science could do very little to these unfortunate conditions at that time. The patients would exhaust the good-will and skill of all the doctors of any place and also to some extent their philanthrophy. Naturally, all these patients gravitate to the new doctor, more so if he happens to be one of the two M.B.B.S.'s in a place. Naturally, they expect him to know the latest in medicine and do something for them. One has to hear their long, woeful and somtimes irrelevant history of the disease and failures of treatment, and without showing helplessness dispose them off by a kind word. If in over-zeal for enlarging one's practice, you promise them a cure, you become another addition to the long list of doctors who swindled them without giving any permanent relief to their condition. Of course, they promise very extravagant fee "after the cure", besides bringing a hundred similar patients for treatment. From their view point, they were perfectly in order in going from doctor to doctor and guaranteeing payment, if there is a guarantee of cure. How many Indians can pay medical bills and drug bills for a chronic ailment extending over years ?

After all, one cannot keep on refusing to treat such cases, otherwise one would be left with none, in the early years of practice. It came to my lot to see a case of recurrent abscess in the thigh of a young girl of ten. It all started when the child was 5 and had a fall. She developed an abscess in the lower part of the thigh which was opened by one of my colleagues. It was apparently cured for four months. Then it started discharging pus again. She was taken to the doctor again and was told that it was a case of abscess involving the thigh bone, and would require opening up of the bone. The patient's father refused operation. So a "bone setter" who promised a cure, was engaged, and he plied the wound with juices and unguents. As usual, with such sinuses, it closed after some time only to swell again with fever. Now it

was the turn of a homeopath to guarantee a cure. As usual, the sinus closed again only to open out in another place.

It was at this stage that I came into the picture. It is said in clinical medicine, 'Ears first, eyes next, hands last". If you give a sympathetic hearing to the story of the patient, however irrelevant it is, it amply repays you. Having given a detailed account of all his trials to cure his daughter, and also the enormous fees he had paid his previous doctors, he rounded off his story with the words, "I will pay you anything if you can cure her without an operation. What can a father do with a daughter if she becomes lame after the bone operation?" I could see how much he was prejudiced against any mention of an operation.

I removed the dressing and examined the discharging opening; luckily it was a gaping wound and the metal probe could go fairly deeply into the body of the bone. I said :

"Suppose one gives you a guarantee that she will not become lame after the operation, will you agree to an operation?"

"What is the worth of a guarantee, Sir? All the previous doctors assured me of a cure and yet where have those assurances led me?"

"Look here, mister, the bone inside is rotten to some extent, and till that dead bone comes out, there can be no cure. How can a piece of dead bone be brought out except by an operation?"

"What are your English medicines worth if they cannot bring out a piece of dead bone? Are they as bad as our native medicines?"

I decided to do the operation by a subterfuge. "Yes, Sir, I can try to bring out the rotten bone and effect a cure provided you are prepared to get it dressed over a long period, about three or four months. It will cost you a lot in dressing and for my labour."

It was finally agreed that he would bring all the dressing materials and that I should do the dressing till

the cure was effected. I was to get a very handsome fee if there was no recurrence within one year after I had declared the trouble cured. The treatment started.

At every dressing, it was my plan to imperceptably, even if painfully, extend the opening to such a size that a small scoop or forceps could be introduced. If this could be managed the dead bone inside could be got out, entire or piecemeal. After ten or fifteen days, it was possible to scrape out small pieces of bone to demonstrate to the father that my English medicines were "liquefying" the dead bone and bringing it out. After three months' treatment, the rest of the dead bone was "kind enough" to come out, with relief to all concerned. The opening was healed in another two weeks. I could tell the father with some confidence that his daughter's condition was cured. The father was convinced that the cure was effected when he saw the piece of bone that I had brought out. As a matter of caution he arranged for the marriage of the girl within six months. On that festive occasion, he suitably acted upto his promise to me. His daughter's condition did not recur to my knowledge. Would he have left me alone if it had?

This case gave my confidence a boost but also made me experience a very embarrassing time. Word had spread in the town that a new doctor had come who could cure any surgical condition without operating. Hernias, huge Hydroceles, and Elephantoid conditions began pouring in seeking a cure without the knife. It was a very difficult problem to convince these poor patients that it would be impossible to give a permanent cure to many of them without recourse to an operation. Those were the days when injection therapy of Hydroceles and Hernia was considered accepted procedure in treatment, and these injections came in very handy to deal with some cases, who refused a radical operation. Invariably, a few of these patients could be convinced about the desirability of having a radical operation, which fact enabled

me incidentally, to pick up a good volume of surgical work.

Those were the days when a medical practitioner would do his own dispensing, and the main income would consist of the proceeds from such dispensing. Drugs and medical requirements had to be got from distant places like Bombay and Madras and stocked in good quantity. A major part of the new doctor's investment consisted in these. Many discover at the end of the first year that with the increase of work, the stocks of medicine as well as the bank balances steadily go down. This happened because in the early part of the practice there would be an ever increasing circle of patients, who paid mostly with a promise of bringing in some more patients with similar diseases. That a doctor would accept anything he was paid was a nasty reputation to get, and the novice had to fight hard to dispel any such notion.

In the early years of practice one could not afford to allow a case to die, in one's hands if it could be helped. This required very accurate clinical judgment. Generally, if a junior practitioner tells the patients or his relatives that the patient's condition is serious, they think of going to another doctor or trying another system. So, unless the prognostic and diagnostic skill of the practitioner is upto the standard, he would be frightened into sending simple cases to his colleague or passing it on to another system and thus offering others easy triumphs or he would accept cases which result in catastrophe and the ruin of his reputation.

A young man, a railway worker, presented himself for treatment for what was only a simple secondary syphilitic rash. It was decided to give an initial dose of neo-salvarsan. A purgative was given in the morning and a small dose of neo-salvarsan at 10 a.m. It was late May and hot winds were blowing with 114° in the shade. The patient had a chill at 12 noon and his temperature shot upto

105.6° and he went into a deeply comotose condition. The patient's condition was one of those rare but unfortunate critical reactions to the drug. I ran to a senior colleague who was kind enough to come to my help. When he saw the patient, the temperature was still going up. My colleague suggested, iced water enema till the temperature went down and some supporting measures. He drew me aside and said to me, "Young man, don't give any neo-salvarsan injections in this place in May and June. It would be like setting fire to the house to kill the bugs." I attended on the patient in a small hut of his, with hot winds blowing all around till 7 O'clock in the evening when the patient expired with a temperature of 107.5°, in spite of a bucketful of ice-water enema.

When I came home I had a mild sunstroke with a temperature of 101°. For some days, the case required a lot of explaining; was it a case of reaction to drug or sunstroke or, as our ill-luck would have it, both? It was nearly a year, before I could wear down the accusing look of the neighbourhood.

Luck plays you the other way also sometimes, and gets you a reputation of saviour of life for no merits of yours. I was called once to see a case of fever in a daughter of the influential village officer, well known in the *taluk*. The case required going on a jatka for a distance of about 10 miles and then trekking along a footpath for one or two miles. When we reached the place I was greeted by a local Ayurvedic physician, who was in charge of the case. He gave me a brief resume of the case, the treatment he had given and the injections he had administered. When he mentioned injections, I thought he had a grounding in allopathy also, but my doubts were set at rest by his narrating to me how he invented ways of administering Ayurvedic medicines by injection and how the present case received three injections of "Sannipata Bhairavi", an Ayurvedic recipe, and yet the patient did not respond but got worse. He had, as a last resort, used "Cobra Venom" also. He was interestingly narrating the case history with suitable *slokas* from Charaka and Susrutha while we approached the village officer's house. Con-

sidering his learning and eloquence in carrying conviction to the layman about his infallibility, I was nervous about making any impression with my English scientific jargon. Every villager would easily understand the *vaid*, if he said it was "Sannipata Jwara". Who would understand if I said it was "Enteric fever"?

The patient was a young woman of 25 years in a serious stage of typhoid fever, having circulatory collapse. She was in a deeply comotose condition. Those were days when we had not the present-day plasma substitutes and transfusions, and even a transfusion required the opening of a vein, which was not feasible in this case. All I could think of were injections like camphor in oil, Adrenalin, etc. which are museum specimens today.

I drew the father aside and told him that the patient had very few chances of recovery. And if he still wanted me to treat, would he stop the local doctor's treatment, for I did not want to share with the local Dhanvantri, in case the patient survived by chance, the credit of saving the patient, and discredit if any of his 'Ayurvedic injections' resulted in abscesses and even tetanus? I had also indicated the probable risks of those Ayurvedic injections, so that I might not be blamed if they gave trouble later. The patient's father agreed. I started the treatment, and gave the first injection with half a dozen village officers watching every move of mine. It was a great relief that the patient did not collapse when the injection was being given. I stayed there for two hours and returned home leaving my compounder with half a dozen ampoules, and instructions to give an injection every four hours as long as the patient survived. Nearly the whole village escorted me to the *jatka* upto the end of the footpath.

The next morning my compounder did not return—which was a good sign. After a little time, a friend of the village officer came with a letter from my compounder stating that the patient was pulseless still and in as poor a condition as before, but still breathing, and that I should go there again. The footpath approaching this village had the cremation ground at a short distance from the path. While on my visit, I was closely on the look-out for the

funeral party. There is nothing more embarrassing to the doctor than to visit a patient after he is dead. My patient was in the same condition, dead for all purposes, except breathing. In this state, she continued for two more days and slowly her consciousness returned and the pulse also became palpable. There was gradual and uneventful recovery thereafter, except for two abscesses produced by the injection of "Sannipata Bhairavi" which had to be opened and drained. Can you blame me if nearly an entire *taluk* began to feel that I could rescue people from the jaws of death?

The early successful years of practice are always heady. It is very difficult to see any triumph dispassionately without taking credit for things that nature does. The over-confident doctor, examining cases in a queue, has often little time to do justice to his patients or even to himself. It was my routine to examine patients in a queue, and the assistant had instructions to be very strict about patients forming a queue. Once there was an up-country patient ill-clad and obviously poor. My assistant reported that the patient was pressing to be examined first and disposed of, as he had to go to the toilet urgently. I suggested that he should first answer the call of nature and then get into the queue, and that it was not an emergency, anyway, to be taken first. All was quiet for a while and then there was commotion in the waiting room. When I went there to see what it was, the patient had passed urine and motion in the queue. I rebuked him and accused him of doing this wilfully, to be examined out of turn, and asked him to get out. The next day I received a letter from a senior colleague of mine: "Your patient, the Raja of Chevitipadu, presented himself for treatment to me. He has an enlarged prostate with incontinence of urine and faeces. It appears you have scolded him and asked him to get out. Incidentally, he is a very rich man. Please take him back and treat him since he was first your case."

I could not swallow my pride and admit that I had made a mistake. I wrote back, "He is very insolent and impertinent; you can take him and treat him with my compliments." I lost a rich patient, and a good bit of "face". In those days, it was a custom for the rich, to appear poor, for obvious reasons, when they go to a doctor or a *vakil*. You live and learn!

It was in 1930 that the honorary medical officers were first appointed, as an experimental measure, in Government hospitals. Although the service elements were against the measure, the scheme of honoraries was pushed through in response to popular demand. The medical officer of those days in charge of a Government hospital was in a very privileged position. He had the entire Government institution, that is, the equipment and the staff, at his disposal to compete with a private practitioner in an unfair manner. The Government Medical Officers, with a few honourable exceptions, looked down upon the private practitioners as potential enemies. There was very little co-operation or goodwill between them. It was, therefore, an experiment foredoomed to failure in that set-up. I was appointed an honorary assistant surgeon in the local hospital, with four beds in a general ward. The regular assistant surgeon, used to fill these beds with patients of his own choice. I had no hand in selecting my cases. They were usually the chronic inmates of any General Hospital, some with fungating chronic ulcer and elephantoid legs, which were only excuses for staying in the hospital, getting free board and clothing. I had to go every day, putting aside my lucrative practice, to look at this *pinjrapole*! After a time, the situation was too much for me and I had to report the matter to the District Medical Officer. He gave an endorsement: "Chronic ulcers also are surgical cases. The matter will be looked into." Thereafter, as if to spite me, my beds were filled with gastric ulcer and hernia patients, who could not be operated upon for one reason or another.

This procession of inoperative cases went on to my great frustration without my doing a single operation, while my rival colleague had the operable cases. I had to break this vicious circle somewhere at the risk of losing a patient on the table. For this purpose, the best I could get was an old man, aged 70, with a very big right-sided hernia, and also signs of gastric ulcer. He was refused operation in the District Hospital. He was admitted into my ward. When I refused the operation, he burst into tears, "I go from hospital to hospital hoping some one will put an end to my suffering, to no purpose—please try your best. I will be happy even if I die, Sir." For nearly ten days, he was so pressing with his request, that I decided to operate on this pretext. There was so little co-operation from the hospital staff that I had to bring my own assistant and all equipment like a suture set, except the operation table. While operating on the patient's hernia, I had to remove his appendix also, since it was present in the hernia. We had a very anxious one-and-a-half hour with the patient on the operation table. He had a very stormy convalescence. Luckily, his gastric symptoms gradually disappeared because they were probably due to appendix trouble, and when the appendix was removed he was free from them. During his two months' stay in the hospital neither these symptoms nor the hernia recurred. He was discharged "cured".

This was the only operation I could do, after being an honorary Assistant Surgeon for many months. Even this little triumph of mine was a source of pain and jealousy to my service colleague who went to unpleasant lengths to get work for himself. He operated upon a well-known patient for a fairly big Hydrocele. After the sutures were removed and the patient had recovered, the patient approached the doctor to take leave of him. The doctor had a request to make to the patient:

Doctor: "Mr. Gupta, it is all right your saying that you will bring a number of similar cases for operation. How can you do it, without your bazaar people knowing that you were successfully

operated on? Suppose you go along with me in a procession in an open car, to celebrate the operation in the bazaar."

Mr. Gupta : "With band singing, Sir ?"

Doctor : "Yes, with band singing, and you will be garlanded also."

Gupta went white.

Mr. Gupta : "How and where do you put the garland, Sir ?"

Thereafter, the patient sulked and disappeared, afraid of garlands, and most of his friends, with Hydroceles, were frightened about the garlands too !

A Reddy gentleman, a former patient of mine had a penetrating injury in his left eye, while riding a bicycle. He attended the Government Hospital the next day. The Assistant Surgeon advised him to have his eye-ball removed and he was given a chit bearing the instructions, "Advised enucleation tomorrow". The patient was reluctant to get his eye removed and naturally came to me for advice. I told him I would try to save his eye-ball and he might try my treatment for a week or ten days, after which he could decide what he wanted to. Luckily, the inflammation cleared up, but vision was poor in the eye. The patient worried me to do something to improve his vision, about which I did not give him much hope. In his anxiety, he went for advice to the Local Municipal Chairman, who was also a Reddy. The Municipal Chairman gave a letter to the same Government Assistant Surgeon to do his best for the patient. The Surgeon wrote back, "I do not know who handled this case. He has completely spoiled his eye. However if he comes to me, I shall do my best." When the patient saw the letter, he naturally inferred, that I had spoiled his eye and confronted me with the letter of the Asst. Surgeon. I told him that I would speak to the Assistant Surgeon about it. Luckily, I had the previous *chit* with me wherein he was advised removal of the eye-ball. I wrote a very polite letter to the Assistant Surgeon, stating :

"One of my patients informs me that you told him I had spoiled his eye, and that you would do your best for him if he would come under your care. It is unfair to slander a colleague behind his back and solicit his case, in your position as a Government officer."

He wrote back in a patronising manner, "So many of my patients go to you and so many of your patients come to me, saying all sorts of things. If you believe all those things we cannot practise here."

This was a little too much for my young blood. I sent him copies of his original hospital *chit* and the letter he wrote to the Chairman, with my note, that if he did not make amends suitably for the offence he had committed, the matter with the relevant documents, would be placed before the Surgeon-General and the Medical Registrar for suitable action. This did the trick. He came to my house and expressed his regret for what he had done.

After the encounter mentioned above, the Medical Officer of the hospital and I began to regard each other with respect, and there was an attempt by him to entrust the responsible work of the hospital to me. On one occasion, the only lady doctor of the hospital was on leave, when a primapara aged 35 years, in labor for some time, and unable to deliver, was admitted into the hospital. I was asked to deliver that patient. The labour ward of those days was a hall, with a verandah and a room. It was a charitable endowment by a local gentleman and was in a poor state of repair. Its doors were mostly broken due to ravages of wind and rain. The patient who was rich became a mother after nearly two decades of married life and hence, there was quite a crowd in the labour ward. With some difficulty, a female child was extracted and immediately after the birth of the child the patient suffered heavy bleeding. We hurriedly placed the child with the after-birth, in a corner of the hall on a couch, and the entire staff were engaged in attending to the bleeding patient. The relatives too were near the patient. After

some time, a cry went up that the child was not on the couch and that a stray dog that was loitering there must have taken it away. Immediately, a search party was sent all over the compound. The dog probably got frightened and dropped the child some thirty yards from the ward. The after-birth was torn away by the dog but the child was hurt very little to the great relief of the mother. When the incident was reported to the Medical Officer the next day, he asked me to address a letter about the incident to the Surgeon-General, with a request that the labour ward be immediately repaired, so that its doors could prevent dogs from entering and carrying away babies. It now appears that stray dogs and cats are permanent if unwelcome visitors with a taste for new-born babies in teaching hospitals well provided with doors and watchmen, in post-independent India! I sent the letter as directed.

After two months, I received a reply which read :

Sub : Providing Doors—Labour Ward,
Government Hospital.

"The Honorary Assistant Surgeon is informed that the labour ward is an endowment by late Mr. M.—— under his will. The will is under dispute in the courts. The matter has to wait pending decision of the Court. Suggest anti-rabic treatment for surviving babies."

This was a sample of the administration of the mofussil hospitals. After this I concluded that it was a waste of time to be an Honorary. I wanted a pretext to resign. It came when Gandhiji was arrested on his Salt Satyagraha March. I resigned in protest at his arrest.

In most places, the medico-legal work was the close preserve of the service doctor since it was his routine to attend to *post mortems*, wound certificates, etc. and to attend courts to testify regarding these certificates. In private practice it was looked upon with some distaste, but it was impossible to avoid this altogether for a busy practitioner. The parties on both sides and their advocates

would go to great lengths to win their cases sometimes putting the poor medical practitioner to great trouble and embarrassment.

Once a party of landlords brought a washer-woman for examination and certificate. She was supposed to have been raped that morning. I told them it was best they got her examined by a Government Lady Doctor and certified. They insisted on my examining her as they learnt about my work as an Obstetrician in the neighbouring village. I could elicit this history from her. She was 30, a widow of 12 years standing, had no sexual relations since her widowhood. On the morning of the offence, when she was alone on the outskirts of the village, the accused pounced on her and dragged her to a neighbouring secluded bush and in spite of her struggling and shouting overpowered her and raped her. She went and reported the matter to her employer who brought her to me for examination. She had no children and had lived with her husband for four years. She was menstruating at the time of the offence.

I took her to the examination room for a private examination in the presence of the midwife. The party was a hefty, young, country woman. It appeared it would take the team work of three or four ordinary men to rape her. She had some scratches on her back and one or two marks which looked like teeth impressions on her cheek. Considering her statement that she had had no sexual intercourse for the last 12 years, her genitalia did not show any signs of violence or injury consequent on rape. There was some blood on the examining finger which could be explained by her being in her menstrual period. I took a vaginal smear to be examined for any spermatoza, and completed my examination.

I told the spokesman of the party that pending the examination of the vaginal smear, there was no positive evidence of rape having taken place and no purpose would be served by my giving a certificate to that effect. They brought an advocate who was more cantankerous than knowledgeable. Apart from his eliciting from me the ingredients that constitute an offence of rape and the rea-

sons for my opinion (plus an obvious indecent relish of my description of the case), he was not of much help either to the parties or to me, and kept on arguing as if I were a Court. In apparent vexation, the parties requested me to give them a certificate with my findings and opinion. I was a little taken back at their asking for a certificate which would not prove a rape but on the other hand would be useful to the accused in a court of law. I examined the vaginal smear which did not show any spermatoza to indicate that a sex act was committed that day, but there was enough evidence of venereal diseases, showing that her widowhood was not really as pure and white as snow.

I gave the certificate stating all these facts and my opinion, that the findings did not prove a rape was committed. I lost sight of this case for six months. Then suddenly two V.I.P.'s of the district came and began taking an interest in me and in my work. One of them came to me and was very solicitous about my work and welfare. He said, "About the rape case that you examined, doctor, they belong to my village; is it not possible that you could have overlooked a few certain signs of rape? Your certificate was filed in the Sub-Collector's Court and you may have to give evidence in the Court."

"How are you interested in the case, Sir?"

"The employer of the victim is my friend, and belongs to my party. It is today this washer-woman and tomorrow it may be any respectable lady. If this atrocity is allowed to pass, no woman is safe in the village. You must do something about it, doctor."

"I told your advocate that there were no signs to prove rape. Why did you file my certificate? Who is the accused in this case?"

"The Village Munsiff who is power-mad and a sworn enemy of my friend, is the employer of this woman. He wanted to insult my friend by ravishing his washer-woman. We thought by threatening to file a case with your certificate, he would come to his senses, and compromise. Nothing happened. Have you told anybody of the weakness of the certificate?"

"Half of your village was here, when I gave my opinion. The entire village must have known about this the next day."

"You might be asked to explain that teeth mark on the cheeks and scratches on the body in the evidence. Can you help us by speaking the truth?"

"What is the truth? Your lawyer or anyone else can produce all these marks without sexual intercourse. They do not constitute rape, Sir."

The V.I.P. probably thought it would be a waste of time if he tried any further to influence me, and took leave. A few days later, another V.I.P. belonging to the same district came and introduced himself as the President of the Taluk Board, and was all praise for my so-called skill in diagnosis and, more than anything else, my "incorruptibility". I was a little embarrassed and asked him what opportunity he had of acquainting himself with my work.

"Don't I know that you were offered Rs. 500 to give a false certificate of rape and drove them out of your gate for tempting you?"

"My dear Sir, nobody asked me to give a false certificate and/or offered anything for it. I gave the certificate voluntarily."

"Stick to it, Sir, against all temptation. That rascal who brought the washer-woman to you was keeping her for the last six years. He produced a few scratch marks here and there on her body and foisted a case of rape on his enemy, the Village Munsiff. The entire district is watching the case, Sir. You will be the leader of the medical profession in the entire district. Please stick to your certificate, Sir."

Although I could and would do nothing else, I did not want to be further pestered by the V.I.P.'s.

"I can promise nothing Sir, I hope I shall not be asked to give the evidence. If I am asked to do so, I shall tell the Court what God impels me to state."

"Shall I send my car to take you to the Court, if you should attend it?"

"Please do not take the trouble. I shall go to the Court in mine."

The V.I.P. made his exit.

After a few days, I received a summons to attend the Court. The Court was packed to capacity. After the preliminary formalities, the Advocate for the complainant represented to the Court that I had turned hostile to some extent and should be treated as such.

Court: "If he is hostile, he is so from the beginning. His certificate shows it. Why did you file it?"

Advocate for Complainant: "It shows that there was an assault with criminal intention."

Court: "Let us see. Please proceed."

The Advocate, after putting a number of irrelevant questions said, "Doctor, the teeth marks on her face, could they be self-inflicted?"

Doctor: "No."

Court: "Please don't put such absurd questions. How can you bite your own face?"

—Twitter in the Court—

Advocate for C.: "The scratches on the back. Could they be self-inflicted?"

Doctor: "Not likely."

Advocate for P.: "Do you say that a third party inflicted those marks of the teeth, and scratches?"

Doctor: "Probably, yes."

Advocate for C.: "So, you say there was an assault with the intention to rape resulting in these marks?"

Doctor: "How can I know the intention? There are no signs of violence to the parts such as swelling, etc., and as for the blood, she said she was in menses. So the probability is, she was not raped."

Advocate for C.: "Suppose she was used to frequent sexual intercourse, would there be signs of violence if she was raped?"

Doctor: "Can't say, it depends on so many other circumstances."

Advocate for C.: "Have you conducted any test to prove that the blood on the examining finger was due to menses?"

Doctor : "No."

The Advocate for the accused was a gentleman with a sense of drama. When he saw the crowd in the Court, he went on asking me to state the essential factors of a rape, partly to impress the audience and his parties and to some extent for the salacious interest of it. When the audience vociferously started enjoying my replies, the Court admonished the Advocate not to ask questions the answers to which he knew since he was married! He then cleared the Court.

Advocate for the Accused : "Point out the employer of the complainant who also gave evidence for the complainant" : (Could he have inflicted the teeth marks on the complainant's cheek ?)

Doctor : "Anybody who has teeth can."

Finally Advocate for A. : Can a prostitute be raped?"

Doctor : "Yes."

My evidence was concluded. I later heard that the case was dismissed.

All work and no play makes even Socrates an ass. A busy doctor's work, be he a G.P. or a Hospital Officer, is gruelling and he must have some exercise or recreation to keep himself fit. I took to tennis for some time, but could not find the time even for a set of singles in the club. One of my friends advised me to take to Yogasanas and explained "they need not take more than half an hour at home and will make you a new man." I started practising them and having done with the simpler one like lying relaxed and—still for a few minutes, I started Sirshasana —standing on my head with legs in the air—straight in balance. It was exhilarating in the beginning and I prolonged that posture from one or two minutes, to five or ten minutes. Finally I was on my head for nearly 20 to 30 minutes every day. This went on for 2 or 3 months, after which, I slowly noticed palpitation, missing heart beats, and a sense of fright and an anxiety state. I was unable to sleep, drive my car or do even the simplest

of operations. I consulted some of my colleagues who attributed all this to my smoking, to amoebiasis, to over activity of the thyroid, each of them having his own shot at diagnosis. Finally I went to Madras to consult experts, who did my E.C.G., complete blood examination, Barium-meal series, and the entire gamut of investigations. They finally pronounced it was a case of irritability of the autonomous nervous system, producing an irritable colon and stomach and that I have to live with them. I had a friend amongst the Swamis of the Ramakrishna Mutt, to whom I casually related the history. He was a little sorry for me and explained, "Look here doctor, standing on the head for any time is an unnatural state for man, where, the entire physiology has to be reversed and work against gravity. It is something like living beyond in space. It needs a lot of discipline, mental, moral and physical, dieting, and an expert guidance. It is not just physical drill. The great Rishis of yore, practised these disciplines, to get over physical and physiological imperatives, for a spiritual end. Probably 3 or 5 minutes of that Asana, with bland diet, would have been sufficient for you. Practising it for 20 minutes daily for months together without regulating your habits like smoking, has produced a storm in your nervous system." So saying he prescribed me some regulated breathing exercises, a change in diet, and avoidance of smoking. I was better after that treatment somewhat, but was not the same man as I was before I practised Asanas. So if anybody advises you to practise Asanas, for physical fitness, tell him he does not know a thing about Asanas, and in any case do not practise them by yourself or on the advice of half-baked teachers.

V

"There are people in life, and there are many of them whom you will have to help as long as they live."

— Sir William Osler.

"The lord may forgive our sins—but the nervous system never does." **— William James.**

A strong and successful doctor has immense opportunities of coming into physical contact with his or her patients, in addition to being the repository of their intimate confidences, which sometimes relate to sex. If such a doctor happens to be young and well-dressed—the medical profession in those days was the best-dressed—he is likely to be a source of temptation in circles willing to be tempted. Hence the reputation of the medical profession used to be, in the eyes of the laity, unjustifiably suspect. There used to be a cloud over the morals of some of our leading doctors. A successful doctor cannot be too careful about his moral integrity. There will always be elements in society who are anxious to find a chink in his moral armour. Young and well-dressed women, unchaperoned, coming with complaints peculiar to their sex such as a breast trouble or leucorrea specially after hours in the evening, are not all innocent. They might land the unwary in trouble. It was always best to ask them to come the next morning during office hours, preferably with some male members of their family. Then, hundred-to-one, the last of them had been seen. But sometimes difficult situations come up.

There was a business magnate who was constantly on tour. One of his daughters was a young widow. Her father asked me to see her for what was reported as an

hysterical fit. When I saw her, she was breathing hard but quite conscious. The first whiff of smelling salts brought her to her senses. I assured her father that there was nothing seriously wrong with her and prescribed her valerian mixture and bromides. She subsequently developed a nasty habit of getting into these fits at the dead of night. When I went to see her two or three times, there was only one female servant present and the patient was often very scantily dressed. I had to ask the servant woman to dress her properly before I examined her. When it happened the first time, it did not strike me as unusual because she got these fits, presumably during sleep. The moment she came to her senses and opened her eyes, she complained of vague pain in her chest and insisted on my examining her chest with the stethoscope. In the subsequent two or three fits her dress became progressively scantier and scantier. The situation was definitely embarrassing and required firm action. When for the fourth time, she went into a fit and sent for me at night, I had to politely tell the messenger that there was nothing the matter with her to call me at night and I would be glad to examine her in my dispensary the next morning during the usual hours. That was the last I heard about the case.

It is not enough if a doctor is scrupulously clean in his relations with patients. His assistant, a compounder or a nurse can muck up the reputation of an otherwise clean professional man.

There was a case of enteric fever in a very wealthy family of a boy aged five or six years. He was one of four or five brothers and two or three sisters. Those were pre-antibiotic days and an enteric case would experience very anxious and critical nights for weeks. At the request of the parents of the boy, my assistant was sent every night to attend upon the child and reassure the parents. The patient took nearly six weeks to recover and all this time my man was sleeping at night in their house ministering to the patient. I did not note anything unusual in the

behaviour of my assistant to the female members of the family. The patient was given diet and my man stopped going to the house. After another month one of the close relatives of the family came to me for a confidential talk. His story was startling and sad. It transpired during the interview that the mother of the enteric patient had left her husband's house with the four children and was living with my assistant. The relative was emphatic in his belief that my man was the villain of the piece, that if he discarded her, she would return to the family. Since the matter was still not public, he implored me to prevail upon my assistant to discard her.

I called my man, reprimanded him and told him that unless he got rid of the woman and suitably made amends to the family he would have to leave my service immediately. He pleaded that he was the one who was seduced, and that he was prepared to send her out of his house if she would go and somebody would take her. I told the relative who had come to me to accompany him to his house to see the lady and prevail upon her to go back to her family.

I now know what transpired later but my man did not return to my service nor the lady to her family.

To disabuse the mind of the reader that in these relationships health or good looks have anything to do with the matter, it may be stated that the lady was an asthmatic, hunch-backed pygmy, four feet high and the assistant was younger than her by at least 10 years and had a hydrocel of the size of a coconut!

Mani, a friend of mine, was one of my seniors in the College. He was a brilliant but lazy student. He settled in one of the prosperous coastal villages of Andhra and was doing remarkably good work considering the conditions in which he practised. He was known to be earning a lot, specialising in surgical work, such as abdominal sections, Hernias, Tonsils, etc. He came to me to spend a day or two with me for old time's sake I was delighted. After a time, he had a fit of Asthma. He asked me for

my injection kit. He sterilised the syringe and he drew four tubes of morphine into it, asking me to give him the injection. I was flabbergasted. He assured me that his Asthma was very refractory to morphine and even four times the normal dose would not touch it. Still, I refused to take the responsibility of giving the injection. Whereupon he injected it himself on the outer side of the thigh without a wince.

I was a little apprehensive and got myself prepared mentally to treat him for opium poisoning, but nothing happened. The asthmatic fit was nicely controlled and he was as cheerful as ever. During his stay, he was with me in the consultation room and on my visits, discussing the various clinical aspects of my cases. One night, I had to visit a patient in an up-country village about eight miles by cart track from a railway station. He wanted to accompany me and help me during the visit. I agreed but told him that the cold night air might provoke his asthmatic attack. He reminded me how four ampoules of morphia had aborted the attack and asked me to carry that stock in my bag.

We completed the train journey at about 11.30 p.m. An open double-bullock cart was waiting for us. It was a glorious November cold night with full moon high up. The trek was exhilarating. Mani started panting for breath and was craving for the morphine injection. It looked as though he could have his asthmatic attack to order, so that morphia could be taken. I gave him the ampoule and the syringe, and he had the injection in a jiffy. His hard breathing was slowly getting under control, while the slow monotonous rhythm of the bullock-cart and the tinkle of bullock-bells were lulling me to sleep. Mani, probably due to the morphia, was getting more and more animated, reminiscent and confiding. He would not allow me to close my eyes. He shouted in the vernacular as if to wake me from my sleep, "Have you had at any time an affair with any of your female patients or their relatives?"

I told him in English that I was thoroughly innocent in that matter and that the morphine and the full moon

had made him crazy. I also told him that the driver of the cart was not sleeping but probably following every word of his, and besides following my replies in English. This to some extent cooled him down.

He exclaimed in English, "Having been in successful medical practice and that too in Gynaecological and midwifery work in a fashionable place like this, do you mean to tell me that you are so very innocent?"

"It is exactly for that very reason that I am absolutely innocent. What has successful medical practice got to do with 'affairs'? It is just like expecting every good Headmaster to have homo-sexual relations with his pupils."

Mani was breathing hard and was silent for almost a minute or two; then he started gasping and groaning with either anguish or pain. I asked him if the asthmatic fit was under control. He replied that it was not the asthmatic fit that was the cause of his anguish, but the utter ruin that had overtaken him, which was the reason for his coming to my place. I was a little shocked to learn that he was in such great trouble. I encouraged him to confide to me, what he meant by utter ruin.

"My life was in danger. I had to run away to this place with my wife and children for life."

"How can the life of a popular surgeon be in danger? What exactly happened?"

"It is a long story and nothing can be done about it. So please leave it alone and help me to start a new life in your place."

"You can depend upon me to do my best for you, but is it too much if I ask you what happened?" He reluctantly gave his pathetic story.

"You know I am an inveterate cigarette-smoker, smoking more than a 100 cigarettes per day and inhaling them too. So I slowly developed a persistent smokers' cough with spasm which slowly led to frequent attacks of asthma. The usual asthma remedies were of temporary use in assuaging the attack. So I tried a $\frac{1}{4}$ grain of morphia a day. I had immediate relief from the attack

and an unusual sense of exhileration instead of going to sleep after morphia. Slowly the attacks became a daily feature, and the morphine required to relieve them gradually increased to the present level of three grains. This morphine, while giving me relief, kept me awake the whole of the night. In addition, it produced a morbid sexual craving. This has been going on for the last ten years.

"It was in this background of morphine addiction and dissipation that I was asked one day to examine and treat a young widow for uterine bleeding, after an amenorrhoea of two and half months. She happened to be the daughter of a rich landlord from a neighbouring village. Although the father and daughter were protesting innocence, I could see from the morning sickness that it was a case of pregnancy. From the history of the patient, it appeared that she had taken some home-made abortive acts which probably disturbed the pregnancy without completing the abortion. I had a difficult and anxious time controlling the bleeding and evacuating the uterus.

"The patient had a very stormy convalescence for three months, during which I rather became friendly with her and with her parents. They naturally felt that I had not only saved her life but their reputation as well. Thereafter the parents had obviously implicit trust in my integrity because the patient had spent eight or nine months in my town, sometimes alone. Gradually, a romance developed between us in which I swear before you that I am more sinned against than sinning, at any rate, in the beginning

"In the course of the next year or two, I became a little reckless and insensitive to public opinion. I began to take my patient to films, plays, etc., while she was ostensibly under my treatment. These 'goings on' soon reached the ears of the father who was apparently shocked by the news. He rushed to me and accused me of being a seducer. He also called me a host of other filthy names and threatened me with personal violence if I did not restore his daughter to him and what is more, to keep her restored.

"I pleaded with my patient to go home, with all the persuasion at my command, but she persistently refused.

Things came out into the open, and my crime looked more heinous with every refusal of hers. When all my attempts failed to restore her to her father, I became chivalrous and told the father that I was fully prepared to take the consequences on behalf of myself and his daughter for what had happened.

"At this, the father became violent in speech and departed threatening dire consequences to both of us. My patient was white with fear and refused to leave my hospital. The father returned with 10 or 15 rowdies of the place who forcibly entered my hospital and took away the girl. The father drew a shot gun and treatened to shoot me if I didn't leave the place with bag and baggage in three days, never to return. I tried to muster a few of the 'roughs' of the place in my favour but I soon discovered that my moral standing in the place was next to nothing and that I could mobilise in my favour neither public opinion nor hired help. I also learnt that the father of the patient was a rich, revengeful man who would pursue me to the ends of the earth. What else could I do except run for my life and the safety of my family? That is why I came here."

"Are you sure he will not pursue you here also?"

"How can I be sure? I also learnt that he had reported against me to the Medical Council for action."

"How are you financially?"

"I have laid bare my life to you. In this setup, do you expect me to be doing well in that direction?"

I was struck with remorse at the unfolding of this calamity that had overtaken a brilliant, sociable and sincere medical man. I was silent for a long time. I could not find words to express my grief at his predicament or to offer him the assurance of hope. We soon reached the village towards which we were bound. The patient we were asked to examine was in a critical state with acute pneumonia, and a failing pulse. Those were days when modern drugs like antibiotics and steroide were not available. We told the son of the patient that the chances of recovery were almost nil and that if he still insisted on my treating the case, we would do our best.

The relatives of the patient implored us to do so. We tried the old-world conventional remedies like campho injections, glucose solutions, adrenaline and pitutrin, and the patient collapsed about eight hours after the treatment had been started. Meanwhile, whether it was due to the strain of travel or sleeplessness, Mani had to take the morphine twice, which required a lot of explaining to our audience. Both of us gave so much continuous treatment to the patient that when we were returning to our place, the village was very grateful for what all we had done. It was one of those lost cases which enhance the reputation of a doctor more than successful ones. We returned by the same bullock cart in the evening *en route* to our place.

On the return journey, I was very frank with Mani. I told him that he was a confirmed morphia-addict, and that there would be no future for him unless he would trust me and co-operate with me to get him out of the clutches of the drug. Till that time, there could be no question of his resuming professional work anywhere. I promised to do my best for him and implored him to stay in my place and do the fighting of his life for his full mental health.

It was agreed that he should work with me in my clinic to keep him engaged, and that he should take no morphine injections or opium. I promised to give him injections of morphia once or twice a day according to his requirements. For a time all went well and I reduced the content of morphine in each injection gradually without his apparently noticing any difference. His wife also was very co-operative and promised to let me know if he was taking any morphine at home. I was delighted that I could reduce the daily dose of morphine to only ¼ gr. I slowly brought the dilution to mere normal saline with proper colour by adding a bit of sodium morrhuate solution to resemble the morphine solution. After giving the normal saline for two weeks, I was so transported with joy about the success of this experiment that I thought I had cured him and could take him into my confidence about the success of our joint endeavour. I told him how happy I was that I could rescue him from the clutches of the morphine. He agreed

and thanked me, not with much enthusiasm. But I soon found out that two full dram vials of morphine in my poison shelf were unaccountably empty. I very gently asked him if he had taken any morphine from the vials. He broke down with remorse and thereafter made himself scarce in my dispensary. Poor man, he died a few months later, "unaccountably", with an ounce and a half of opium on his person.

There are some aspects peculiar to medical practice East of Suez. The patient who is suffering from the effects of love potion and philtre administrations is fairly common to Indian medical practice. He generally belongs to the lower education strata of society, and is young. He has a typical history: "Has been having indigestion for some time—mostly pain or vomiting after food—getting reduced—suspects his mother-in-law to have administered a 'love bolus' to make him more 'wife-minded'—Is now under treatment by the Village *Vaid* to 'uproot' the 'love bolus', from the stomach resulting in continuous vomiting for a week, containing blood, and the roots of the 'bolus' sometimes;—and in spite of the 'love bolus', having been brought out, still getting worse."

On a detailed examination, the case would be one of a typical peptic ulcer, with a lot of domestic unhappiness at its source. Stress and worry are common causal factors of peptic ulcer, and probably the stress of domestic unhappiness has a peculiar influence in producing the ulcer. In most cases, the administration of the love potion is only in imagination, an obsession. The 'love bolus' once administered is supposed "to take roots" in the stomach and grow there. The local medicine man gives an antidote for it which produces vomiting. In that vomiting, which mostly consists of deformed antidote, the medicine man demonstrates the "roots and stem" of the uprooted "love bolus" and thus gives an occular demonstration of the patient having got rid of the love potion.

A family doctor happens to be a repository of family confidences. He is often consulted about antedating the menstrual period of the female members of the family. During the three days of the menstrual period, most Hindu women are prohibited from performing many religious functions such as marriages, pilgrimages, etc. The doctor will be asked to change the menstrual course, to suit an auspicious date fixed for the social or religious function.

In these days of modern medicine, it is fairly easy to comply with the request with the help of female hormones whose action is fairly predictable. But two decades ago, it was a hit in the dark, and sometimes our interference in the process of menstruation, resulted in the menses coinciding with the date one wanted to avoid.

The wedding of the daughter of a friend of mine was fixed for a particular day for which I received an invitation. On the previous evening, my friend came to me for a confidential consultation. That morning, it appeared, he had received "reliable information" that the "groom" was either impotent or a "eunuch"—and asked me what he should do about it. I informed, not as a doctor but as a prudent man, that he should not take the bonafides of that person for granted who chooses to inform him on the eve of the wedding that the "groom" was not 100% fit for marriage. But this did not help matters and we were in a sad predicament. Awkward questions would certainly be asked and answered on both sides if the marriage broke off for "unpublished" reasons.

I told him that the best way in these matters was the frank way and, as a doctor, I advised him to tackle the father of the groom tactfully and disclose his fear to him. He should request the father to agree to my examining the boy and, if he wanted, I would do so in the presence of another doctor of his choice. He departed. After an hour, my friend and the groom's father returned. The groom's father expressed implicit faith in his son's sexual integrity, and in my professional integrity, and said he would be glad

to allow my examination of the boy. I once again warned them both that they must abide by my verdict without further discussion. They agreed and brought the groom to my clinic.

The boy was quick enough to realise what it meant to refuse examination or cooperation. Examination revealed that he was a healthy, well-developed member of the male sex. I told my friend the result of my examination and added that if he had still any doubts, he could see for himself the evidence of my verdict along with me. Thus a very embarassing social situation was got over. The wedding passed off pleasantly.

I was called one evening to see Mr. S., aged 70, who was staying with his grandson, for a peculiar complaint. The grandson related his complaint to me. It seems that Mr. S. had lost his wife nearly forty years ago and was looked after well by his grandson. He was always of a cheerful temperament and had a joke for every occasion. But for the previous week or so, he was very morose, would not relish his food, and was unable to sleep well. From 3 o'clock that afternoon he was agitated and restless, sweating slightly. He called his grandson once or twice that evening and told him that we wanted to execute a will because he felt his end was approaching. Had he any pain or symptom? No ! All the same, he swore that he had only a few hours to live and hence wanted to tie up the loose ends in his uneventful life and execute a will.

My questioning him closely and searchingly did not improve matters. I drew aside the grandson's wife and asked her if anything untoward had happended within the last week or ten days, not necessarily pertaining to his health. She could not recall anything except that an astrologer had come and had a sitting with him, for which she was asked to pay Rs. 3 by Mr. S. and that the astrologer had again seen him the previous day and was paid another two rupees. I vaguely began to suspect that that sitting might have some bearing on his trouble. I am a little conversant with astrological-jargon and asked him abruptly

what his birth sign was, the planetary position at the time of his birth and the ruling planet of his life at that moment. He suddenly livened up and said, "My birth sign was Mesham, and Saturn is the ruling planet now. He was in Tula and Saturn is the ruling planet now. He was in Tula (Libra) in the ascendant, in the planetary position, at birth. Every one agrees he is my 'Maraka' or killer."

"Is it not agreed in astrology that it is very difficult to predict death and that if a planet is a killer he can be propitiated by suitable ceremonies?"

"No, Doctor, you are young and don't know really good astrologers. A really experienced one can predict death to the last minute."

"There may be such great ones but I have yet to meet one who is so unerring."

"My Siddhanti is a very able astrologer and a learned man. He has given such a prediction for me, that Saturn is going to kill me, by numerous arguments."

"In which part of Saturn's period is he supposed to kill you?"

"In the present part."

"I am myself interested in an amateurish way in astrology. Has he given you a written prediction, with arguments ? Can I have a look at it?"

"Yes, if you are interested."

He drew from his shirt pocket a purse in which was secreted a small folded paper. I read through the astrological jargon of the prediction the gist of which was that, according to Jaimini's school of calculation, the subject would complete his life's course on this planet that night at 3.30 a.m. and must be prepared to leave his body at that time. I could see the futility of arguing the matter with him because he must have worked himself up all these days to face death with fortitude and equanimity, with implicit faith in the prediction.

"It is all right as an exercise of reasoning, Sir, but to predict death to the exact minute requires more than a knowledge of Jaimini. it requires Yogic power."

"This Siddhanti has such powers, Doctor. He is an *upasaka*."

While all this was going on, the patient's agitation was not very noticeable.

"Whatever the Siddhanti says, I think that it only shows that the present period is bad and nothing else. Are you able to sleep well at night?"

"No, I am unable to sleep either in the night or in the day, and I have an incessant head-ache."

"I shall send you a medicine for head-ache."

"I shall not pollute the remaining few moments of my life with drug and drink."

"If you have to face death, please face it if you can without a head-ache. I shall give you a few tablets to relieve your head-ache."

"I want to leave the body with the Lord's name on my tongue. I would not like my senses knocked out and put to sleep, and die during sleep."

"No, Sir, I will only relieve your head-ache."

So saying, I gave him a house dose of Luminol with a little water and told him I am sure of meeting him on this side of life next morning. Then I bade him goodnight. I left instructions with the family not to disturb him in any circumstances, and I went home.

I saw him the next morning awake from a refreshing sleep, the shadow of death having passed over and faith in the accuracy of the astrological prediction visibly shaken.

The number of avenues, through which death may reach us, the nutural frailty of our bodies, and the delicate and intricate machine which maintains us in a condition of health, may well make one exclaim with the poet, "Strange that a harp of thousand strings should keep in tune so long."

R. L. Stevenson

Every doctor has to treat, some time or other, a few of his patients through the most serious and ultimate event in their lives—or is it cessation of all events?—death. The occasion demands of a doctor, apart from a

very high order of clinical judgment, a personality with great depths of fortitude, compassion and radiant optimism. It also requires a keen sense of the realities of life. If a doctor keeps on giving false hopes, for example, to a serious patient of coronary thrombosis with a childless prospective widow an half-a-dozen heirs, without suggesting that a 'will' may be executed, he is committing a crime against humanity. But it is a moot point whether a diagnosis of death should be divulged to a patient. There are very many people, who can face death calmly and, in some cases, it may hasten the end. Nonetheless, every intelligent patient, just as he ordered his life, would like to order his death or life antecedent to it. So, if the doctor does not anticipate a deterioration in the patient's condition by a grave prognosis, the patient is entitled to know the bitter truth, with as much sugar coating as required. The relations and the patient must know the suitable time for executing a will.

I was asked to see a middle-aged rich man with breathlessness of some days duration, under the treatment of an Ayurvedic doctor. The patient was under my treatment a decade previously. That was the reason for the patient's wife insisting on my seeing the patient at the unearthly hour of 2 a.m. When I visited the patient, he was in a really bad state, struggling for his breath, with oedema on both feet and a big liver. The patient, as soon as I entered the room greeted me but appeared to be in a stupor, answering questions haltingly and sometimes incoherently. After my examination, the wife asked me about the diagnosis, and the prognosis. I had to tell her that there was very little hope in her husband's critical state. I suggested that she should try some other system for a change. Then the patient's wife came out with the real point in their consulting me :

"Doctor, you know I have no children. Do you think my husband should execute a will ?"

I countered the question with a few more questions. "Has he not executed a will ? Why was there so much delay ? When on your own testimony, he was seriously ill for the last two weeks, why did you wait ?"

At this juncture, other relatives joined the conversation and were anxious to have detailed instructions about the patient's treatment. I left after a few minutes.

I was summoned a year later as a witness in a local Sub-Registrar's Court in a will contest action. A will was actually executed, probably posthumously, and the Ayurvedic doctor who attended the patient had attested the will. During my examination, I had a difficult time explaining to the Sub-Registrar that it was possible for a patient to recognise the doctor and greet him almost as a reflex action and yet not be in full possession of faculities for proper testamentary capacity. Such fine shades of differences in levels of consciousness between recognising a doctor and full testamentary capacity were beyond the Sub-Registrar's understanding, and the will was finally upheld.

There was a tendency amongst some doctors to sneak away as soon as the patient expired, as if they had committed a murder. A word of consolation to these dearest and nearest to the deceased is an act of kindness which any cultured person, more so a family doctor, cannot refuse. In this matter, there is much that a modern medical man or woman can learn from an experienced Ayurvedic physician. I have seen an old Ayurvedic doctor reel out *sloka* after *sloka* from the *Vairagya Sathaka* of Bharthuhari and from the *Mahabharata* about the evanascence of human life and its glory to a hysterical, inconsolable young mother who was hugging her young dead child to her breast and would not give it up for cremation. He virtually hypnotise her by his wise expostulation to hand over the corpse.

It sometimes happens that the doctor is the only one to console the survivors. I was once called by the neighbours of an old patient to see him urgently. I rushed to his house. His wife met me at the gate of their bungalow and told me that her husband had taken castor oil for constipation that morning and had two or three motions. Subsequently, after lunch, he had gone to sleep and would not wake up. I examined the patient, only to find that he

had expired some time ago. I had to very carefully and gently break the bad news to the wife who was the only inhabitant in the house. In a fit of grief, she snatched the glass in which she had given the castor oil to him that morning, which might have expedited his death, and dashed it against the wall. Some of the broken glass splinters narrowly missed hitting me.

VI

" The technique of truth telling is sometimes difficult—perhaps more difficult than the technique of lying—but its results make it worth acquiring."

—Richart Cabot.

An active medical man has, besides his primary responsibility to his patient, a number of obligations to society and the State. These sometimes land him in awkward situations. One of them is the sickness certificate to condone absence in an office or court. In most cases the doctor's certificate carries weight with the officer concerned. But, when it has to go before a Court, there will always be the rival Advocate to question it, leaving the doctor in a very embarrassing position.

One of my friends had an accidental burn in his leg and foot caused by the flames from a broken exhaust tube of his motor bicycle. The burn was nasty, requiring rest to his leg for three or four weeks. When he was called upon to attend a civil court during the period, he took a certificate from me about his illness and filed it in the Court. Generally, since the courts take years to dispose of a matter, I did not hear anything about this for two or three years. All of a sudden, a warrant was issued to fetch me to the Court to vindicate my certificate. It appears that summonses were sent to me two or three times. I did not receive them, and so I did not attend the Court. Hence, a warrant was issued. I had to attend a Court nearly hundred miles away. It was a tedious motor journey. I had to wait there till the matter was taken up by the Court. After a four-hour wait my case was taken up only to find that the certificate I had given which I was called to prove was missing from the Court records.

The judge and his bench clerk had a long, confidential conference after which the Judge, in an apologetic manner, divulged that my certificate was missing and asked me whether I would wait till the next day till a thorough search was made. In as polite a manner as possible for me in the circumstances, I told the Court that he had no business to bring me on a warrant to prove a non-existing certificate and that he should have seen the certificate before a warrant was issued to me and that I would not stay till the next day but would place all the facts before a higher court. Having said this, I left the Court and returned to my native town.

On my heels came the advocates on both sides of this case as emissaries of the Sub-Judge to prevail upon me to drop the matter and not to report it to the District Court. I was in no mood to please the advocates, as my whole body was aching after the wretched journey of 200 miles of up-country motoring. I placed all that had happended in a letter to the District Judge. I never heard anything further about the case, except that the District Judge had something nasty to say to the local Sub-Judge. After this experience, if any of my patients required a certificate to be filed into court, they had to go to some other doctor.

Medical examination for life insurance is another of those functions which a medical man has to take up. It is a very troublesome business and most doctors are at the mercy of the Agents. They pester the doctor to pass sub-standard risks and an honest doctor seldom gets a case. I was invited by the agent of a reputed company to go to a small out-station to examine a number of parties for life insurance. I went in my car with my equipment and was given a suite of rooms in an inspection bungalow. Some persons who were to be examined were also accommodated in that bungalow. One of these was just going to the bath-room when I was coming out of it. When he was removing the shirt to have have his bath, a small box with a syringe and insulin slipped from the pocket, the syringe

broke and the insulin vial rolled on the floor. The person concerned was very embarrassed and stammered out even without my asking, that his doctor wanted a syringe and insulin purchased for him from a neighbouring town and he was taking them to him and was sorry he had broken them.

I made just a mental note of this incident. When the medical examination of the parties began, the person involved in it, refused to be examined on the ground that he was feeling feverish and would get himself examined at some other time. Since the syringe was broken, he had probably not taken insulin that morning and was, therefore, shrewd enough to refuse medical examination. But the Agent was fool-hardy and pressed his insurance prospect to finish his examination. At the conclusion of it, he pleaded that he was unable to pass urine. Since he was the last to be examined and I could not further stay longer just to examine his urine, he was prevailed upon to pass a little of it. It was full of sugar. The party confessed that he was on insulin for a long time, but the Agent protested somewhat lamely that he knew nothing about it.

Recently, as a result of the Bank Employees' Award, Medical Officers were appointed for all scheduled Banks. The Employees' Unions in many of these banks are very powerful, and the agents are somewhat helpless in the hands of the heads of these Unions, who are really the bosses. I happened to be the medical officer to one of these banks. The rule was that the employee could purchase and use any medicine he likes on the prescription of a doctor. But the purchaser's bill had to be countersigned by the bank doctor. I asked the agent of the bank, "Why should I countersign these bills? I have not prescribed the medicine nor have seen the patient using it. Why don't you pass the bill or countersign it yourself?"

The Agent quoted the rules and said that if I refused there would be trouble from the Union. He said, "Moreover, I am not a medical man to scrutinize the bill or its contents." I tried to do my best when I got a bill for

counter signature which contained three items, "Half a dozen Woodward's Gripe Water, half a doz. Lodhra, two boxes Vaginoid brand pessaries." This was supposed to have been prescribed to a clerk who was a hefty male, and the rule was that bills could not cover the members of the family of the employee. I told the Agent and the employee that the bill was manifestly absurd and could not be counter signed. The employee reported the matter to the Union head who came to me threatening me with dire consequences if the bill was not counter signed. I lost my patience and told the Union Secretary, "Look here, Maistry, if I should pass this bill, your man should be a woman suffering from irregular menses and Leucorrhea or a baby having disagreeable feeds of buffaloe milk. If your man should forge a bill, why does he not forge a plausible one?" The Union Secretary said I was non-cooperative. I said I was certainly so as far as crime was concerned. I told the Agent to look for some other doctor to relieve me of my duties, and he obliged me.

In the make up of a doctor, there is not only a spirit to tend the sick and the suffering but an emotional response, to be of some help to the society. One of my seniors in the College, an actor of some eminence, was organising a benefit show, for the help of victims of devastating floods. Some years ago in the College I acted with him in a drama-show, and the audience including the author of the drama were appreciative about my performance. This senior of mine, who became later a well-known stage and cinema star, organised this benefit show 10 years after the first one, when we were both very actively engaged in the profession. As a matter of fact, I was attending on my wife for puerparal sepsis and fever about 100 miles from my place, when I received a telegram suddenly that I was to act my old part, again, at a strange place nearly 150 miles away and that my name was already printed on the posters, and publicised. I really did not know what to do. Apart from the

seriousness of my wife's condition which precludes me from leaving her bedside, I have never acted, in any part, leave alone my old one, on any stage and my co-actors would be total strangers in a strange place. I immediately wired to him that my co-operation would be impossible in view of my wife's health and that he should make alternative arrangements definitely. The next day he came to me in person and examined my wife. Luckily her temperature came down to 101 from 104 that day. He pleaded with me that I could start by Mail at 6 p.m., get down at a wayside station at 8 p.m, motor to the place of performance by 10 p.m., finish my portion by 12 midnight, again motor back to the wayside station to catch the return Mail at 3 a.m. and be by the side of my wife at 6 a.m. Meanwhile he would arrange for the local Civil Surgeon to look after my wife's treatment. I was young and could take a lot in my stride, but this was too much.

"Look here G. V.! What type of performance can you expect from me? I do not know the co-actors from Adam except you. I do not know which character is which since there is not a single rehearsal. I have totally forgotten my part and every line. With me in that important key role you are not conducting a benefit show but a swindle. And what type of show can I give travelling by train and car for 5 hours at the dead of night? The show will be so bad that they may hound all of us out."

"It is much better than being stoned and shoed if I do not produce you but a dummy proxy on the stage. As for your lines and part, I will be with you on the stage, and I have our old promptor who can give you the cue very well. I am certain we can somehow pull through with credit."

Then I suggested: "Please convince my wife that she will permit me to leave her bedside for 12 hours."

I expected she would bale me out of this mess. The poor thing was so pleased with the idea of her husband being famous as a great actor, and my friend was such a persuasive consultant, that he could convince her that she was almost normal in health. She said, "I am getting better doctor. I hope he can be here before tomorrow

7 a.m. You can certainly take him. After all, you are doing this for the distressed and suffering."

I was then left with no option but to face the ordeal. I started as planned, by train and rushed on at break neck speed directly into the entrance of the green room, just 15 minutes before my act begins. The part was one in which a dhoby impersonates the King and holds the Court in a ludicrous way. I was hurriedly introduced to my co-actors and was put into somewhat uncomfortable costumes a little too small for me. The curtain went up on our scene. The first few lines were well prompted and went off well and well received. Then after a little time I was mistakenly addressing one character with the name of the other, since, they were dressed some-what alike with not much of a part for them, and I had little time to know " who is who ". This also was well received, as a humorous act of drunkenness. But my part required a lot of jumping about and running on the stage. In one of those jumping movements on the stage, I distinctly heard my tight breeches, tear behind, with a sound! I then pinned myself to my throne and conducted the rest of the act sitting on throne only, till the curtain-drop. None noticed, even my co-actors, except my senior, about this 'catastrophe'. Next day the papers reviewed my role as follows:

'Dr.—— did justice to his part well, but rather as a very much sophisticated dhoby.'

Thus I got out of the benefit show, that was forced on me, with very little damage except to the costume worn. But there was some dubious satisfaction that I could contribute my little to public good at ' my wife's risk.'

" Below the surface, I am a veritable battle-field."

— **Madam Pastorelle.**

" He sows hurry and reaps indigestion."

— **R. L. Stevenson.**

In the early years of this century just as the I.C.S. cadres provided the foundation steel frame of the present

administrative set up of our country, the early I.M.S. men truly laid the foundations of modern medicine in our country. They gave us the guidelines for research, administration and practice of scientific medicine. In spite of their short-comings, in South India, alone, these pioneers founded and manned Presidency and District Hospitals, great Scientific Institutions like Pastuer Institute, Guindy Institute and the Women and Childrens' Hospitals and the Gifford School of Midwifery and a host of other Medical Institutions. Although they found a gold mine in India for private practice it must be said to their credit that most of them were Physicians and Surgeons devoted and dedicated to the cause of relief of human disease and suffering. Although they were originally intended to give relief to the White Sahebs of our country they soon attracted the Zamindars, Rajas, Landed gentry and the elite to seek medical attention from them and thus made a harvest of the 'Pagoda tree'. Along with these who were the cream of society the rest of the population slowly took to seeking medical aid from them. These I.M.S. men scored mostly by the surgical technique of operations like hernia and hydrocele treatment, of diseases like syphilis with salvarsan in hospitals with the aseptic and antiseptic techniques, and white-linen bed-spreads and nursing staff. These hospitals naturally attracted the sick and suffering. They have mostly reproduced the set-up of institutions in the West and even copied the scale of consultation fee that was prevalent there as some of these Majors and Colonels used to charge a guinea, then Rs. 21 in value, as their fee of consultation.

But for their pioneering work great Scientists like Col. Ross and Donovan and also great Surgeons with almost legendary reputation like Dr. Rangachary, famous Doctors and Educationists like Dr. Lakshmanaswamy Mudaliar, and institutions like the Institute of Medical Sciences, New Delhi and hospitals like the Vellore Christian Mission Hospital, of great renown, would not have come into existence.

It is due to their noble work alone that bed-side manners, medical etiquette and behaviour, and patient-doctor

and doctor-doctor relationships have taken shape today.

On the whole their influence was very salutary and profound in the progress of scientific medicine in our country. However, if today the medical profession and the medical administration here and there are not living upto the great ideals that are expected of them, it is due to the erosion by the general decline of standards in our country, of the medical edifice they tried to build.

The Superintendents of big hospitals were not only great administrators, physicians and surgeons, but to a large extent great humanists also. There was a Colonel who was the Superintendent and first Physician of General Hospital, Madras. He was a tall, imposing personality, an outstanding Physician in Madras, and a very sympathetic Doctor. With most of the I.M.S. men, the patient is a V.I.P., specially if he 'lays the golden eggs'. This Colonel was treating in his ward a boy of 17 or 18 years for Typhoid fever. Typhoid was a dreaded disease in those days when there was no specific medicine like Chloremphenicol, for its cure. The physician had to treat and depend upon 'Chlorinated Quiline Mixture'. Grave complications like haemorrhage and perforation of intestines were frequent. The disease used to take its own course in spite of treatment, and invariably relapses were common. Diet of whey and albumin water and bed rest were sheet anchors of therapy. This boy was running a third or fourth relapse and the Colonel was almost crowing with pride that he was almost holding the record for treating a typhoid patient with the maximum number of relapses for over 12 weeks or more. The Colonel, as abundant caution, put the Sister-on-duty and the Ward Nurse, on the alert so that they could be very careful during the visiting hours—for it was only then that through the visitors foods could be smuggled to the patients. Suddenly one morning when the Colonel came on his rounds, he found the Typhoid patient, collapsing after dark bloody motion. The boy was having cold clamy sweats and in spite of every thing that could be done he expired. The Physician immediately sent the body for postmortem. The outcome of the postmortem report was that the death was due to

bleeding and perforation of a typhoid ulcer, and the remains of vadai and dosai and guava seeds were found in his intestines. He immediately placed the Sister of the ward and the Ward Boy under suspension and asked them to submit their explanation about the unusual find at the postmortem. It eventually came to light by the evidence of an adjacent patient that two of the patient's sisters visited him the previous evening and presented him with a packet. The Sister who was on duty in the Ward during the visiting time was demoted and the Ward Boy who was presumed to have connived at the smuggling of vadais was fined. In these days when even in Teaching Hospitals, patients die due to transfusion of deteriorated blood and dogs enter post-natal wards and snatch away the new born babies and operation theatres are closed sometimes indefinitely due to out-break of tetanus in the hospitals and yet nothing more than a white washing departmental enquiry happens as their outcome, the above episode related looks like an incident in a hospital in Utopia, by comparison.

One of the top I.M.S. Surgeons of the General Hospital removed one of the kidneys of a patient for an incurable tumour or cyst. He was anxious that the remaining kidney should cope up with and take up the function of the removed kidney. He was experimenting with all types of graded diets such as milk and barley water, fruits, a slice of bread and jam, etc. The patient was a Goanese Catholic and was kept in the Anglo-Indian Ward where visitors were allowed frequently. I was also admitted into the same Ward for an undiagnosed fever and my bed was placed adjacent to his. The Surgeon was really proud of this operation of the removal of the kidney, a difficult one in those days and the subsequent management of the case. When he was on his routine rounds, he would enquire :

"Well, Mr. Desouza, what are you on now? How are you feeling?"

"Milk and barley water and two oranges, Doctor. Bloody friends-in-need society's dinner. If you want me to continue longer on this diet, I am so hungry

I will turn a cannibal. Before you removed my kidney you should have removed my stomach, to eliminate my hunger."

Surgeon (to the assistant): "How is his blood urea and urine?"

Assistant: "The urine still shows 2%, albumin and blood urea is 80 mgm. per c.c."

Surgeon: "I am afraid we cannot do much for you in the way of diet, youngman. Let us watch."

The Surgeon and his assistant departed to the next ward. Then it would be lunch time and the staff leave the work keeping some probationer in charge during that interval. At that hour Mrs. Desouza would come with a basket full of a 7-course lunch consisting of half-dozen eggs, omelettes, mutton and beef cutlets besides one or two plates of curry and rice. The patient would ask the probationer to give him screens round the bed, pleading with her, that Mrs. Desouza was very shy and would not take her lunch when the other patients were staring at her and that she was visiting the patient directly from the work spot, at the lunch hour. Behind the screen, he would consume the entire lunch and fill the dressing bucket there with the remnants of the lunch, such as egg shells, fish bones, etc. Some times when nobody was watching he would whisper to me:

"Have a plate of curry and rice; it is entirely vegetable! Don't be chicken hearted."

"Thank you. You seem to be in a voracious mood to eat spoons and plates also. You better have it. I am on Typhoid diet—only liquids." I was in the adjascent bed.

"You are a funk. Is typhoid worse than a kidney being out?"

This was his routine in the hospital. At last the Surgeon and his team of top Laboratory Chemists, etc., came and remarked:

"Mr. Desouza, the albumin in your urine is increasing in spite of the strict diet you are on."

He had an inkling of what he was eating every day at noon.

"What do you mean by albumin, Doctor? Is it what we find in the chicken eggs?"

"Yes, Mr. Desouza."

"How can that be with my diet, Doctor? It must be a case of the chicken that I was eating before my kidney was removed, laying eggs inside and throwing that albumin into the urine!"

"And throwing the shells into the dressing bucket! Sister! the probation of your nurses on duty here at lunch time is extended. I don't want Mr. Desouza to commit here suicide. Please put him in single room and no visitors allowed, until further orders."

That was the last we heard of Mr. Desouza with one kidney short.

Pain, disease and suffering are the common lot of all, big and small, common or V.I.P.'s and even of the noblest V.I.P.'s—Gods and Avatars. It is well known how Lord Sri Krishna ended his Avatar from a shooting injury to his great toe. From the history of Sri Sankara it appears, he suffered and died probably of a cancer rectum. In our own times, Sri Ramakrishna Paramahamsa died of a cancer throat, and Sri Ramana Maharshi, suffered from a cancer of the skin. While for the avatars themselves, a cancer is as good as any other means of closing their manifestations on this earth, and they cheerfully do this,—It is a matter of great anguish to the devotees of these great souls, who are very sincerely attached and devoted to the physical person of the Avatar. For a few years I was visiting Sri Ramanasramam and paying my homage to Sri Ramana Maharshi. In that Ashram is a lady who is a sister of an advocate friend of mine. This lady was so wholly devoted to Sri Maharshi, that she made the Ashram her home. She had immense blind faith, in my medical skill, and was naive enough to believe that, I could do some thing to relieve Sri Maharshi of his cancer, when a number of great surgeons and physicians of Madras could do very little for Him; and also so utterly devoted to Him as to suggest to Him, that she had great faith, in the healing powers of mine and begged Him, to allow me to examine His condition. Maharshi out of His in-

finite love towards his devotees, acceded to her request and said 'please yourself'. He usually, after taking his bath, visited the Ashram cows and caressed them. It was arranged that when the dressing would be opened immediately after the bath, before the new dressing was put on the wound, I could see him and examine him. It was certainly a great and supreme moment in my life, of an Avatar, graciously accepting to be examined by me. I was ready, waiting with clean sterilised hands, along with the Ashram cows, for Him to emerge from the bath. He soon gave me his *Darshan* with a smile of beatitude. I saw the ulcer which was most probably a malignant one which was extending. He was very emaciated and bloodless. After my examination I submitted to Him, that as an act of devotion, rather than of treatment, that I readily accepted the suggestion of Mrs. N, and that it was presumption on my part to treat an Avatar. But still I ventured to suggest, some treatment to counter his anemia, though it might not be a cure of his disease, but might enable his body to gain some strength and energy. I also assured Him that the medicines I would be prescribing and sending would neither contain alcohol or any animal substance. He was silent throughout the interview, and nodded his assent with a smile towards me and Mrs. N, a smile that stirred the very depths of our being. He returned then to the usual communal breakfast and meditation. I returned home and sent suitable medicines to the Manager of the Ashram as my offerings to the Lord, to be used if He pleases.

A doctor of importance in any town has to bear the brunt of responsibility for treating V.I.P.'s and I.P.'s. It is always a tricky business requiring on occasion fine clinical judgement and brutal frankness with the patient to make him follow directions. I was called in to see and treat a leader of a radical party some years ago. He was stated to be suffering from some vague heart complaint and palpitation. His wife and some friends picked me up to see him. When I met him he was in the midst of a conference of party workers and there was quite a lot of shouting going on. When I examined him I found his blood pressure very high, he had a number of missing

heart-beats, and slight puffiness of his ankles. His urine showed a trace of albumin.

I had to be very harsh with him in my instructions. I was brutally frank with him and told him that unless he was prepared to cut down his stimulants and avoid all excitement, his heart could not hold out long with that pressure. He murmured that doctors were alarmists and had told him the same story all these years. I said to him, "Mr. X, it will no longer be a story but the truth. You seem to be sorry that your previous advisers' prognostications have not come true." I told his wife, that unless she took care of him, put him to bed, withheld all stimulants, and kept him from all visitors, I would be unable to do anything for him. She agreed.

Two days later, somebody rushed to my clinic in a car and told me that X had swooned and would I visit him. I saw him sitting in a chair, panting for breath, almost in a swoon with two or three press correspondents gathered round him anxiously. I put him to bed and examined him. His heart was racing along with the B.P. as high as the instrument could record. After attending to his treatment, I made enquiries. The patient was scheduled to leave the next day, and some press correspondents of importance wanted to interview him about his philosophy. He was also anxious to see them and Mrs. X was helpless in preventing the interview. Some of the correspondents went on putting inconvenient questions which provoked Mr. X to lose his temper and he tried almost to assault them. The result was that X was choked with anger and swooned. Luckily for me, he left for Madras. It was the funeral of some doctor at Madras if not his.

I was the family doctor of Sri A. since 1930. He had always an incurable belief that his heart was frail and might sink at any time. He was once released from jail before his term, for this ailment. He had also implicit faith in Dr. L. and his Ayurvedic pill "Makaradhwaja" to bolster up his heart in any emergency. In his last Election Campaign for the Congress he had an attack of influenza

with a patch of pneumonia in his lung, and was running a temperature of 103 degrees in his 84th year. In my usual manner, I told him that unless he rested in bed and avoided electioneering crowds and meetings, his victory would be posthumous. Within limits he was co-operative, but was reckless about his health when the occasion was a national emergency in his opinion. When he had partly recovered from the pneumonia, he travelled about 80 miles by car and addressed two election meetings in pouring rain at 1 o'clock in the morning at a place where the Congress was expected to be electorally overwhelmed by the Communists. When I saw him again, the pneumonia had extended and the temperature was resisting the usual antibiotics. I had to protest that there was no point in fighting a losing battle with the disease if he was not interested in victory. He said :

"The High Command selected me to fight Communism in my area. If I had not addressed those meetings at night I would belie the expectations of the High Command, and it would be a political suicide for the Congress here. My life is worthless in comparison. Moreover, I had three Makaradhwaja pills to support my heart. You do your best." Poor man, he recovered from that illness to die suddenly of some other illness on the eve of the announcement of his victory.

The same difficulty that confronts a doctor treating V.I.P.'s has to be faced when treating an important artist. Their stock-in-trade is the audience, and they would rather die than disappoint their audience. A friend woke me up from my afternoon siesta to see a famous vocalist Mr. B. who was supposed to be suffering from fever, head-ache, etc. He was engaged to give a vocal recital that evening at 6-30. When I put my stethoscope on his chest, his heart had a murmur. His blood pressure recorded a rather high figure. When I inquired about his medical history, he told me of continuous blood pressure, one or two heart attacks, with history of infectious jaundice thrown in. He was running a temperature and had a palpable liver. He

stated that his Madras doctors had not permitted him to give the recital.

I informed him that I would not only disallow his concert that evening, but would not allow him to travel home with that fever on. His reply was that having taken the money, and the programme having been announced, it would be impossible for him to default, but he promised he would make his appearance and plead his inability to give the recital. To my surprise he forgot his promise and excelled himself in his performance that evening. His temperature seemed to have goaded him on to new heights of artistic expression. Not only did nothing bad happen that evening but from the news of his subsequent triumphant itinerary of glorious recitals, it looked as though a damaged heart somehow adds zest to musical expression.

There are two other V.I.P.'s which a doctor sometimes has the privilege of treating, those at both the ends of the span of life, the oldest and the youngest. One of my doctor friends had a sterile wife for nearly twenty years, at the end of which his wife presented him with a boy, who was born prematurely in the 30th week of pregnancy. Those were days when the special branch of pediatrics, the science of rearing premature babies, was not widely known anywhere outside big teaching hospitals. In addition to immature birth, the baby had fever and jaundice. The parents of the child were nearly certain that that was likely to be their first and last child. They were, therefore, very much worried and begged me to do my best for the baby. It was a difficult assignment to treat a premature baby with jaundice and fever outside a well-equipped nursing home and, what is worse, in a mofussil place. Anyway, the treatment was started with antibiotic pediatric drops, Glucose and "Sanatogen" feeds. I had to go to the place a number of times, because, the movement of the child to my clinic, even in a car, was considered risky in the then state of health of the baby. It had diarrhoea, a complication probably due to the antibiotic.

Anyway, the child had a tough convalescence. In spite of everything, he made a fine recovery. At first, he

birth, despite his jaundice and fever he was 8 lbs. He is now a boy of percocious intelligence but of delicate health in his high school classes.

A patient at the other end of the scale was a lady aged 95. I have been a friend of her family for well over 40 years and almost as much attached to her as to her own progeny. I have had occasions to pull her through various serious illnesses the last being an apparent heart attack a few years ago. One day, she complained to me that she had pain in the right side of her abdomen and absolute constipation for the last two or three days. I ordered a glycerine enema and mild laxatives such as milk of magnesia and liquid paraffin with no result whatever. There was no evidence that even a pellet or gas was passing. When there was no result even with increased doses of these laxatives and the pain was persistently bad, a surgeon friend was called in to investigate. After sigmoidascopy, he suspected an obstruction. Considering the age of the patient, he decided upon conservative measures, hoping for the best, although the patient in her suffering asked the surgeon " to cut her and take out the faeces ". She had sigmoidascopy and introduction of olive oil through it three or four times, but nothing happened. She suffered like this for nearly a fortnight without any motion. One day the surgeon actually toyed with the idea of surgical interference. Considering that the result of such an interference, even if she survived it, was her suffering for a few more days or months with a wretched colostomy wound, the sons were not agreeable to such a proceeding. Then I put it to the surgeon that I would treat her medically with fractional doses of calomel and take the consequences which could not be much worse than surgical interference. He agreed with me. I then gave the patient half-a-litre of glucose saline to withstand any untoward consequences of my treatment and started administering $\frac{1}{4}$th grain of calomel every one hour. After a day of this treatment, she was given a glycerine enema. After this she had passed a little gas for the first time after nearly 15 days and a few hours later a pellet of faeces. We heaved a sigh of relief that we had not after all produced a rupture

of her guts by my treatment. It was followed up with senna which resulted in a daily evacuation. The pain slowly subsided. The patient had made a good recovery.

There is another type of V.I.P., by treating whom you will get it in the neck. In a country like India, with large ignorant population, the unscrupulous and unethical doctor has the field day, although most patients have native intelligence, and horse sense enough to checkmate those doctors from performing unnecessary operations and giving superfluous treatment. But in some instances the doctor needs greater vigilance and protection from an unscrupulous patient. A big landlord almost a Raja—was suffering from a diabetic carbuncle in an out-of-the way village, 50 miles from my place. From the description given by the native doctor, who sought my help, I presumed the case to be a diabetic carbuncle or gangrene. Since the place was rather distant and a very small village, I took one of my colleagues to assist me, preparing myself for unforeseen surprises and situations. We reached the place, rather late in the forenoon. The patient was a big Zamindar, his house was a huge crawling structure spreading over half the village. We were straightway ushered into the patient's room, and the moment we stepped into it we were almost choked with a peculiar fetid smell. But on examining the patient he was suffering from a big carbuncle, but it was not that bad, to emit such a stench. On enquiry we found, that the smell was due to pork of wild boar, sliced, and the slices hung as a long garland, for drying to preserve, in that room. We removed the patient to another room, to escape the smell, and it was agreed that we would operate on him immediately and that my assistant would be there to attend on him for a day or two till the patient was on the road to recovery and thereafter the native doctor would attend on him till the patient was well enough to come to my place for further treatment. It was agreed that the fee would be Rs. 300 as advance in the beginning and another Rs. 500 to be paid on the patient's discharge. After finishing the operation we had a bath and

were shown into a dining room for a vegetarian lunch. It was not the lunch that struck me most there, but a huge painted figure of a 'joker' in the playing cards, framed very ornamentally and being worshipped with flowers, sandal paste, etc., by the Brahmin cook. I enquired the cook, about what the 'joker worship' was all about. He said he was not a regular cook but was engaged to worship the 'Joker' God. It then transpired that the Raja had run through most of his estate through 'women' and 'cards', with the resault that he acquired a reputation as a wizard with playing cards. His main occupation then was that his cards-skill was sought after, by gamblers all over the country giving a big fee for each sitting if he only played for them without any references to losses or winnings like a jockey of a race horse. No doubt there would be some percentage of the winnings too. The result was he was making more money as a card-sharper than as a Zamindar, and since his winnings, all depended on the 'joker', it was his Deity and he would daily worship it. We were a little surprised about a Zamindar turning a professional card-player making lots of money. It was freely talked about that his skill mainly consisted, in producing a spare joker, at will. We enjoyed his hospitality however. When we started to return back to our place the native doctor came to us and conveyed to us the patient's thanks and that he would be greatly honoured if he was allowed to pay us our fee and presents in a ceremonial manner when he would return to our place as soon as he could for further treatment. I was taken in by the lavish style, of hospitality and agreed, instructing him to pay the assistant at least when he returns. I came home with just the satisfaction of having operated a Raja's carbuncle. My assistant also returned after a day or two, empty handed. That was the last we heard about that case for 2 years. In spite of my best efforts I could not collect a pie from him. Obviously he got dressed by some doctor or compounder or by the native doctor and recovered. The native doctor could not help me to collect any thing from the patient. Probably he was a party to this swindle. Of course. I had to remunerate my assistant out of my pocket. Two years after

this event when my accounts went for assessment, my clerk was asked by the Incometax Officer to produce the entry of Rs. 1,116 paid by the Raja for carbuncle operation. My clerk, who knew the whole story, was surprised and said he did not pay a pie for that operation. The Officer, who was my club member, met me in the club that evening at the cards table and jokingly remarked to me—for he knew the incometax history of that Raja :—

"Doctor, you have not accounted for Rs. 1,116 the Raja gave you for carbuncle operation. His books show he paid you."

"It is a fact I operated on him for carbuncle, but all that I got for it was the smell of rotten pork, but not the slightest smell of a rupee note in spite of my best efforts to collect for the last 2 years."

"You could have at least learnt from him his 'card sharping' tricks. Then, you could have made up for the fees he cheated you of and also your card losses past and future. Your card losses are usually heavy!"

"Instead of finding fault with me for not accounting this fictitious Rs. 1,116 fee, I will present the I. T. Department with Rs. 800 if it could collect for me that fee of Rs. 1,116. As I have already paid Rs. 200 to my assistant and incurred a lot of expenditure for that operation out of my pocket, I will be satisfied with this fine experience."

"Don't worry. We have raided his house yesterday for a number of incometax offences. He threw all the account books into an old well to destroy them and himself jumped into it to escape incometax men. I do not think he will survive. Your operation 2½ years ago was a waste, I am afraid. He will die any way, and you have lost any way."

VII

" Some doctor full of phrase and fame — to shake his sapient head and give, the ill he cannot cure, a name."

—Mathew Arnold.

" For one mistake made of not knowing, ten mistakes are made of not looking."

—L. A. Lindsay.

A good consultant is a consummate artist who can, with his well developed personality, probe deeply into the problem of his patient's ill-health with its manifold ramifications and also into his mental make-up. In a country like India with poor and uneducated patients, mostly, consultation becomes a serious responsibility. In addition to the patient and his relative, a treating colleague also requires consultation, and in some cases, he happens not to be a practitioner of modern medicine. The practice of modern medicine being comparatively recent in our country, a well-knit medical profession with well-established traditions of medical ethics is in a formative stage. Hence, consultation as such is still as a function of the doctor, ill understood by the colleague or the patient. Many patients cannot comprehend paying money for just receiving advice and nothing else, and are unwilling to pay. Similarly, many doctors feel that while they are doing their best for the patient they cannot understand his requiring a second opinion or consultation, and are not happy to co-operate with a consultant.

I was called to see a patient of " Ashtma " being treated by a colleague of mine. I told a relative of the patient to get a letter from his doctor that I should see the patient with him. He came back saying that the

doctor had replied no letter was necessary as he would be present at the patient's house if I were brought to see the patient. After about half an hour, I went to the patient's home in his car only to find that the treating doctor had not arrived. After a few minutes the patient's car was sent to fetch him. I was kept waiting at the patient's side for another half an hour after which the doctor came, saying that he could not extricate himself from his work earlier. He told me that he was treating the patient for "Ashtma" but the patient was not responding to the usual Adrenaline or ephedrine injections. During my taking the history of the patient, he complained of thirst and frequent urination. The lungs did not show marked ashthmatic sounds. I asked the doctor if he had examined the urine. He said he had done it the previous day and that it was healthy. I suggested to him that I would not agree with his diagnosis till he had made another examination of the urine, and asked the patient to send a specimen of urine to his doctor again for examination and a part of it to me for a collateral check-up. I promised to give my opinion and treatment after I had seen the urine. Then I returned home. The patient's son who brought the urine specimen for examination said that he had never sent a specimen of urine for examination to his doctor, the previous day or at any time. When I examined the urine, it was found to be full of sugar and acetone bodies.

I wrote to the doctor confidentially that it was a case of diabetic acidosis, that adrenaline would do harm instead of good to the patient, and that he should give immediately a heavy dose of soluble insulin with glucose intravenously.

I told the patient's people that I had advised that doctor, who would do the needful, and the patient would certainly recover. That evening the patient's son came with a letter from the doctor, saying that he would not treat the case since the patient had greater faith in me than in him. Meanwhile, valuable time was being lost in this correspondence instead of giving energetic treatment to the patient. I had to treat the patient, who recovered

under proper treatment, and gave a resume of the treatment to be followed up to his regular doctor.

Even in big towns, many do not appreciate the idea of paying money for a mere consultation. An E.N.T. specialist was practising in a big town and was charging a consultation fee for every patient he examined. The practice was that the patient should first see the compounder and pay the consultation fees in advance. For it is not unusual for a patient, after having had the benefit of a consultation and examination, to plead that he did not know that he had to pay for a consultation, and therefore had not brought any money with him.

One morning there was a case of a foreign body in the throat, and the patient was brought struggling for his breath and kicking about. As was the practice, the compounder foolishly insisted on a consultation fee being paid in advance before he could inform the doctor he should see the case. The patient's people remonstrated that they would certainly pay and that as the case was in extremis, he had better run for the doctor. The compounder was unyielding for a time, but after a lot of persuasion went in to fetch the doctor. The doctor having just returned from England would not see the patient unless he was properly dressed. It took some time before he could come into his consultation room. By that time in one of the violent movements of the patient, the foreign body had become dislodged, and the patient had gone home with his relatives.

In examining a patient for consultation, extraneous considerations should not come in the way of making an examination or giving an opinion. A rich Muslim lady was sent to me for my opinion regarding a severe pain in the right flank and fever of some duration. The lady was very shy and would not allow me to examine her bare body. So I requested her to keep one layer of the thin silk sari she was wearing over her abdomen, to allow me to examine it. There was a small lump in her right flank.

That, coupled with pain and fever and some vague history of vomiting, lead me to give the opinion that she had appendicular abscess. I wrote to the father to take her to a surgeon for the removal of the appendix.

The father promptly wrote back, that her appendix had been removed in her 5th year. The thin layer of silk had prevented me from noticing the nicely healed scar of the previous operation and the lady in her shyness forgot to mention she had a scar there, of a previous operation. I had to revise my opinion, and make a diagnosis of acute tubal inflammation, which yielded to medical treatment.

Great patience is required in giving proper and accurate advice about the way medicines ought to be administered and the diet to be followed. When one is dealing with a diabetic, one should understand his food habits and allow the least interference with that routine, consistent with his health. A *vakil* who approached an E.N.T. surgeon for tonsils, was found by the surgeon to have heavy diabetes. He was referred to me for advice and treatment. He was a graduate and I therefore very carefully explained to him the main pathological principle in diabetics, namely the incapacity of the patient to oxidise glucose and its consequent accumulation in the blood, and how elimination or reduction of glucose in the blood is the aim of successful diabetic treatment. I told him, that he should take eggs, mutton, cheese and groundnuts, and avoid or reduce items like sugar, sweet fruits, rice, wheat, potatoes, etc. Being a *Vakil*, he believed in questioning and cross-questioning, and almost exhausted my patience. After a very lengthy session, he left me and after he had gone as far as my compound gate came back again to ask "The items you mentioned that I should take, i.e., eggs, mutton, cheese, groundnuts, etc.—are they to be taken before food or after food ?"

" It is no use calling a tiger to chase a dog."

— Oriental Proverb.

Many consultants feel they are not worth their fee unless half a dozen routine investigations are ordered, and a prescription, which consists of half a dozen latest drugs costing Rs. 5 to Rs. 10 per day are given. In our poor country, how few can afford this type of consultant and his services? I had a patient with ringworm of the thighs. The patient was a school teacher drawing Rs. 120 per month, with half a dozen children. I ordered the application of the B. P. ringworm ointment to the affected part. He benefitted by it, but it recurred either because he was being reinfected by other members of his household or because he had not applied the ointment regularly. He wanted me to give an injection to eradicate the complaint. I had to tell him that there were no injections for that complaint and that he should persistently apply the medicament. He felt that his complaint should be tackled more energetically and consulted a professor in a neighbouring teaching institution. He was immediately ordered a kahn test, an absolute and differential count of his blood, liver function tests and blood protein estimation, unfortunately he had a liver which was palpable.

The tests did not make the consultant any the wiser. He gave a prescription which, besides containing costly vitamin preparations and supplementary foods consisted of the latest anti-fungal antibiotic. The patient showed me the prescription. I wished him luck. I saw him again with both his thighs infected with ringworm, and his ancestral house—his only property—mortgaged for Rs. 1,000 to meet the expenses of his ringworm treatment.

In India, modern medical man has to deal every day with other systems of medicine such as Unani, Ayurveda and Homoeopathy, and especially after Independence, medical aid is mostly a matter of politics. The politician and the legislator, unable to provide modern scientific medical aid (which he commands for himself) to every man and woman in the country because of its cost, proclaims

that the people are clamouring for indigenous medicine or Homoeopathy. The people are mostly ignorant and do not know the difference between modern medicine and other systems. They are not politically advanced enough to demand the benefits of the best in modern medicine for themselves. The result is that one finds ministers and political big guns praising the ancient systems of medicine, and High Court Judges and other V.I.P.'s opening conferences of Homoeopathy.

I was urgently called, early in my career, to see a "bad case" under the treatment of a village *Vaidya*. It appears that the *Vaidya* was treating a man for ringworm, and that the case became suddenly "bad". I told him that nobody could be seriously ill with ringworm, but agreed to see the patient. We travelled in a car to his village, 12 miles away. When we reached the place, there was only a well-nourished corpse of at least two hours' standing. I had to break the bad news to the *Vaidya* and told him that the patient's life had departed. He pretended incredibility and exclaimed in front of the relatives: "Where can it depart, Sir?" Please give an injection at each corner of the patient's chest. Then how can life escape the four injections and depart?" Obviously, the *Vaid* knew the patient was dead before he came to me and was trying to impress on the patient's relatives that he had brought the "English doctor" to prevent the escape of life by "injection." I could not oblige him but asked him how it all happened, and what treatment was given.

Very naively he related the sad story. The patient had an incurable ringworm in the thighs. In spite of the usual remedies it persisted. The *Vaid* then referred to an ancient formula for that disease. It consisted of making a paste of aconite root and applying the same to the "affected part". Having applied it, he asked the patient if he felt any burning sensation of the part. When he said he did not feel any, the *Vaid* scrapped the part with a penknife and applied the paste. In a few moments the patient collapsed, sweating profusely having absorbed a massive dose of aconite poison through the ringworm patch. Yet, in the Indian bazaar, Aconite

and similar indigenous poisons are sold freely without licence even today!

A practitioner has occasionally to give consultation to patients after they have been treated by practitioners of other systems. The belief in Homoeopathy, that the action of a drug is inversely proportionate to its dose is a hard pill to swallow for any practitioner of scientific medicine. Otherwise, Homoeopathy is a good system which interferes least with the natural course of a disease and offers an excellent opportunity for studying the natural history of any disease. But it sometimes, poses a sinister public health problem.

There was a prominent citizen, by profession an auditor, and a cultured gentleman. The only trouble with him was that he was pig-headed about Homoeopathy and Naturopathy. He was living, in a crowded locality, a fairly clean and well ordered life. As he was a naturopath, he was an anti-vaccinationist. Once in an epidemic of smallpox, one of his unvaccinated children had a severe attack of smallpox and succumbed to it. He still refused to get himself or his other children vaccinated, but tried to secure protection against smallpox through some homoeopath pills. His neighbours, who were separated from his family only by a brick wall, considered that his unvaccinated family, in a severe smallpox epidemic, was a menace to the neighbourhood. They approached the health authorities to either vaccinate the family or to remove to an infectious diseases hospital any further case of smallpox in his house. As his friend, I was asked to explain to him the feelings of the health staff and the neighbourhood. But I failed entirely to carry any conviction to him about vaccination, at any rate, not before he had lost two more children to smallpox.

There is no question that indigenous medicine was the most scientific of disciplines in our country, nearly a thousand years ago. If it had lost its scientific momentum that aspect itself is a great subject for research. Please look at this prescription. I have gathered this for diabetes from one of the ancient texts probably of

Charaka. A king was afflicted with 'Madhumeha' diabetes with thirst, lassitude, wasting, etc. He requested his physician to cure his complaint with some medicine or herb. The physician replied, 'I have no magic herb for your trouble but if you obey and follow my instructions, certainly you will get rid of your trouble.' The king agreed to follow his advice which was as follows :

"Please delegate and entrust all your functions, duties and authorities to your eldest son and your ministers for one year. Don't communicate with any of your people in this period. You please take one of your healthiest cows and leave the capital, and go to a forest with the lightest of clothing. You please follow the cow wherever it leads you to, for its feed. Please take for your diet, only whatever milk that that cow yields. You better rest and sleep wherever and whenever the cow does. Your Madhumeha will go." By relieving him from the kingship for an year, at one stroke, that physician had knocked out all the anxieties, worries and other stress factors, that constitute one of the causes of diabetes. Secondly, a cow, that is not fed at home, has to wander for at least 6 or 7 miles for its fodder and the patient has to walk or run this distance following the cow—a wholesome physical exercise. A healthy wild cow may not yield more than 2 or 3 seers of milk, and his diet is restricted to that much. Has the most modern of physicians today have any better scientific guidelines than these for the treatment of diabetes?

But the indigenous systems are on a different footing from modern medicine. Most of them are based on theories of health and disease which are almost of a metaphysical nature and employ procedures requiring the use of potent minerals like mercury and arsenic and drugs like Nux Vomica, Snake Venom, Aconite, etc. Moreover, these systems have a hoary past and one must be wary in giving advice to a patient who has been under the treatment of an indigenous system. It cannot be denied, however, that these sometimes affect miraculous cures, as the following account will show.

A case of compound fracture of both bones of the leg, in a poor boy aged about 17,was brought to me for advice and treatment. He had the fracture about two weeks earlier and all sorts of "Poultices" such as cowdung were applied to the wound. The wound was foul smelling and the boy was running a temperature and what was worse developed lock jaw. The patient was so poor that he could scarcely afford the cotton for dressing—let alone the high cost of anti-tetanus serum which was urgently indicated. I told the father, that the case was very serious, the treatment would be costly, and even then the boy might have to lose the leg if not his life. This was certainly not a reassuring prospect to a poor father. I advised him to admit the boy to the Government Hospital—to be frank—to pass the buck to somebody else. The next day I lost sight of him and was told he had gone to a village where there was a famous bone-setter who promised to cure him. Inwardly, I was happy the case was not in my hands, but laughed at the "bravery" of the bone setter. Imagine my surprise when I saw the boy after four months not only alive, but with his limbs intact. These near-miracles are sometimes met with when a patient is under indigenous treatment, unmixed with devices of modern medicine.

But these are rare. In many cases, under indigenous care one has to deal with dangerous starvation of the patient, and the results of medication with powerful but unstandardised, preparations causing metallic and other intoxications which gravely aggravate the disease. When one considers that even with drug control in our country, there are sub-standard and spurious preparations of modern medicine in the market, it will be possible to imagine the state of the market for indigenous medical preparations which have no drug control yet, and each practitioner is a pharmaceutical chemist!

A rich landlord was brought to me with a burning sensation in his hands and feet, and inordinate thirst. When I examined his urine, it was heavily loaded with sugar. His fasting blood sugar was 200 mg. per 100 c.c. He was a man below forty, weighing about 180 lbs. I

had to be very frank with him and tell him that unless he was able to control the starch and sugar in his diet and take insulin regularly, the outlook for him was bad. He accepted my advice and observed strict diet, plus 50 units of insulin per day. Then he fell into the hands of a diabetic specialist who reeled out an impressive record of V.I.P.'s. who had benefitted from his special treatment for diabetics. He had a theory that since in diabetes a patient loses sugar through his urine, it must be replaced in his diet in generous quantities! This diabetic specialist requested me to see the patient again after a month. The patient was in a deep coma. I asked the specialist what treatment the patient was receiving. He recited a few *slokas* to prove how a certain mercurial given along with cocoanut water with an accompanying diet of honey and dates will cure Atimuthra, i.e., "Polyuria" within a "mandala", that is 40 days. When the patient's urine was examined, it contained not only sugar and acetone, but also, albumin, probably, the result of the drug and diet he had. It was a touch and go before I could get him out of his coma and on his feet again.

"There are no persons so far away as those who are both married and estranged so that they seem out of ear-shot or to have no common tongue."

— R. L. Stevenson.

Some problems of old age, in both sexes, unless sympathetically and tactfully handled, both by the family and by the doctor, result in great mental and physical suffering, and sometimes social obloquy. Both husband and wife should bring to these problems great understanding, frankness and sympathy, which are not always available to them owing to old age and consequent mental changes. Unfortunately, and somewhat unreasonably, almost in every country, sex activity is considered the exclusive privilege of youth, and an old person with sex inclinations is considered abnormal. This is more so in

India with its great stress on Vanaprastha and Sanyasa in old age. This attitude which wrongly assumes total extinction of sex activity in all old people, is sometimes a source of insoluble social problems.

A merchant aged 40 once wanted to consult me about his father who was 62 and the head of the family. He was the father of three sons and two daughters, the eldest being the one who came to consult me. His wife was 56 years. The merchant in a confidential interview stated that his father appeared to be suffering from some venereal trouble and was, therefore, avoiding the family doctor but had gone in for a quack treatment to avoid publicity. The son was afraid that the disease might spread to other members of his family through the laundry, etc. Could I help him, since I knew his father for a long time as their family doctor? I said I could only if a suitable occasion presented itself, because it would need very careful handling.

I had to wait for the occasion for nearly a month when the old man had a bout of fever. When he was convalescing, I informed him that I must examine his urine. I found pus cells in his urine examined under the microscope. I said, "The condition appears serious, Chettiar. You have trouble in your urine and it may become dangerous. Unless you are agreeable to a thorough check up, you may land yourself in bigger trouble."

The patient reluctantly agreed. On examination, it was found that he had an enlarged prostate with purulent urethrial discharge. "Mr. Chetty, unless you are completely frank with me and disclose clearly and without any reservations all your complaints and answer my questions, I am afraid I cannot help you."

He was a little frightened but was still silent.

"Well, Mr. Chetty, if you prefer to keep your complaints from your doctor when you are suffering from a serious disease, God alone can help you."

So saying, I was getting up to go when Chetty broke down, "Who will understand an old man's trouble, Doctor?'

"Please don't hesitate to let me know your troubles. I am here to do something to alleviate them."

"I get up to urinate six times at night, doctor—and also every night I suffer like an young man 20 years old. But I am in the same predicament as a widower. Hence, I went astray—only once—with this result."

"But why were you not frank with your wife? Surely she seems quite healthy, and is very considerate to you in every way."

"She is certainly very considerate in every way but how can I frankly speak to her when she is afraid to be alone with me even for two moments for the last six years."

I could see that his wife required an examination.

I told Mr. Chetty I would treat him and he would be alright but that he would require a major operation for a real cure of his complaints. I told his son to get his mother examined by a lady doctor.

I gave a letter to a lady medical consultant describing in detail the husband's problem and asked her to examine Mrs. Chetty. The report of the lady doctor was revealing—

> "Lady aged 60—post menopausal changes in the genitals; diagnosis, prolapse of the uterus, shows extreme abhorence when sex activity was mentioned. Advised Hormonal treatment and operation."

No wonder, she was afraid to be alone with her husband even for a moment.

I advised the son that both his father and mother should be operated upon, and should be treated suitably if they wanted to be happy in their old age, and not create problems for him.

VIII

"Nobody is a hero to his valet and nobody can be a doctor to his wife." To be one's own family physician is therefore a tricky job. But yet "physician heal thyself" is not a mere wisecrack, but an axiom to be accepted by every physician. A doctor who cannot open a "whitlow" of his spouse cannot boast about doing an amputation of a limb; and a sick doctor can rarely infuse confidence in his patients. If a doctor cannot cure himself or his family he must know at least to conceal these illnesses.

It is also unfortunately true that some of the illnesses that the doctor and members of his family are prone to, will not be straightforward, but difficult to diagnose and treat. To give an illustration, a doctor of my acquaintance felt something bearing down in his groin. He naturally thought it was a case of hernia. He consulted an M.S., F.R.C.S., a very senior surgeon, who examined him and said it was only a lymphatic mass coming down the inguinal canal and was of no consequence. After a few days he went and consulted another M.S., F.R.C.S., an equally famous Surgeon, who examined the doctor-patient and gave his opinion that it was an early case of Hernia and should be operated and a truss may be worn till it was operated on. To err on the side of safety he wore a rubber truss and after a few months consulted another F.R.C.S., a professor of Surgery, who said there was no Hernia, and a truss would be not only superfluous but harmful. In this state of uncertainty for two years. he saw another Professor of operative surgery who said it was a small direct hernia and a truss may be used till it was operated on. "Can you blame the physician if he cannot heal himself by undergoing a probably unnecessary operation as indicated by these conflicting opinions?" Eventually, he learnt to live with the condition.

I have cited an example of a surgical condition because you cannot blame the doctor, that it was the imagination of the patient at work. It is a moot point whether a doctor is wise in treating serious cases in his family unless he is forced to. But a cool-headed doctor can handle serious cases in his family, sometimes calling in a consultant if anything is out of his depth. But one is sometimes forced to treat members of his family in a crisis.

The wife of a doctor friend of mine went to her father's place for confinement. When she was in pains, she was admitted into a fairly efficient mission hospital of the locality for confinement, and a telegram was sent to her husband to be by the side of his wife to keep up her morale. He was himself a well-trained obstetrician. When he saw his wife in the hospital eight hours later, the situation was causing some anxiety. His wife was in labour for the previous 18 hours and was exhausted. The foetal heart was rapidly showing signs of distress. The lady doctor in charge of the institution had been to a place 25 miles away where she ran a branch institution. She was expected any minute. The assistants in charge were convinced two or three hours earlier that a forceps delivery was necessary, and therefore got everything ready for it. They were waiting for the lady doctor to arrive and do the operation. Naturally, the husband was a little worried because further delay might mean danger, to the baby at any rate. He, therefore, requested the assistant to do the forceps operation and extract the child, or allow him to do it without further waiting.

The assistant refused to comply saying that their chief was expected any minute and that they could not take responsibility, probably because the patient was a doctor's wife. They offered to discharge his wife, if he felt it should be done. What could the poor husband-doctor do in a strange place, getting his wife in that condition discharged? He approached the local leader of the medical profession and requested him to intercede

on his behalf with the assistant, either to operate on his wife with his assistance or help him to do the operation. The staff after some frantic arguing agreed to assist the doctor. The operation was successful and a female child was delivered.

The lady Superintendent of the hospital arrived after two or three hours and entirely approved of the operation by the doctor in that situation. She promised to do her best to look after the mother and the child. The husband went to his place and received letters that his wife had sepsis and was running temperature. After a prolonged illness of nearly a month, the Superintendent of the hospital informed the doctor, "Your wife has fever due to intractable blood-poisoning as a result of infection during the operation. We have tried our best. Come here once and decide the course of action."

The poor doctor rushed to his wife's bedside again. Her condition was not serious but was causing anxiety. She was being given "A" injection, "B" pills and "C" mixture every day. The mission doctors generally do not disclose the drugs they are using. But the treatment did not affect the fever. The Superintendent suggested to the husband that since they could do little for his wife, and since it was probably a case of blood-poisoning, he could take her home and treat her himself. The doctor saw little sense in keeping her in the hospital any longer and took her home. Since the patient had altogether 35 injections, sundry tablets and the mixture, he wanted to leave her alone for a day or two and watch with just a placebo or mixture, to keep up the patient's morale. The fever came down to normal and remained normal. Obviously the fever was due to the treatment rather than to the disease.

The patient was well enough in a week to go to the hospital to pay the bill. The Superintendent who could not believe her eyes, since she did not expect the patient to survive, came out of her office with the patient to congratulate the husband on his "miraculous cure" and find out the "wonder drug" he had employed. The

Superintendent asked, "What have you done for the pyemia, doctor? The recovery is wonderful." The husband said to his wife, "Please tell the Superintendent the treatment I gave you." The wife said, "Carminitive mixture, most likely."

Just as there will be a faint smell of antiseptics like Dettol about a doctor's person, there will be an atmosphere, however imperceptable, of a hospital in the doctor's household, more so if he lives in the premises of his clinic. Most doctors children know, in a general way, how an injection is given, the name and use of various drugs such as penicillin, phenobarbitone, etc., and also a few details of common operations. Even the children of the doctor sometimes play at "surgeons" and "patients."

I once had a very nasty experience when my nephews and nieces played at doing an operation. On the previous day, I had operated on a carbuncle in my clinic details about which they may have gathered from my compounder or had a peep at it. I was suddenly called from a morning cinema show to treat one of my nephews who was bleeding profusely. The youngest of my two nephews, aged 8, took one of my razor blades and "operated" on his brother aged 10, for "carbuncle" on the back, while his sister, aged 9, "chloroformed". The razor blade being new and sharp, the patient felt scarcely any pain when a gash was made in the skin of his back. But the bleeding frightened the "surgical team" into a shriek which drew the attention of my wife and sister. When I rushed to my house, I found a 4" cut in the back of the poor boy, only the bone preventing the blade from cutting deeper in some places and bleeding badly. I had to put three or four sutures, to close the wound. That was a lesson for me to keep the drugs, medicinal samples, and knives and blades beyond the reach of the "surgical team" of nephews and nieces.

There will be occasions in the life of a busy medical practitioner when he feels that his daily routine of making sick people well is stale and he should conquer other "empires" outside the profession. Such a feeling is not really a healthy one, for what can be more exciting than to bring the fruits of modern medicine to the aid of the sick and suffering and to earn their gratitude. But a successful medical practitioner is an esteemed member of society anywhere, and the temptation to use his popularity to become a successful politician or businessman is overpowering to some doctors.

Medicine is an exacting profession, specially modern medicine, and requires undivided attention and hard work to do justice to one's vocation. Yet one finds that some doctors at the zenith of their career become Municipal Chairmen, M.L.A.'s, Chief Ministers and Chairmen of Companies, etc. The curious thing about some of them is that in spite of their not having time to look into a medical journal, they still advise and treat not only ordinary mortals but V.I.P.'s. I hope such doctors and their patients know the limitation of their relationship. The least that such doctors can do is to avoid taking the responsibility of treating a patient.

I have had my share of extra-professional activity. In the zenith of my professional career, I had succumbed to the overpowering ambition of taking a hand in manufacturing some essential drugs such as liver extract which we were mainly importing at that time. I brought into being a company to carry out this work and had the pleasure of manufacturing a highly potent liver extract in South India for the first time. We were soon processing nearly three hundred-weights of raw liver, to meet the liver extract market we had created. After 15 years in this progressive work, I discovered that although I could manufacture and train first class pharmaceutical chemists and medicine retailers, I was not equal to facing the jealousies and pettiness that even a little success provokes in friends and foes alike. I felt, I was happier attending to the sick and suffering and resigned my office as the head of the pharmaceutical company. I have never regretted the step.

IX

Devoid of finer emotions, a doctor is no better than a butcher. A kind word or a gentle touch of the doctor, will enable a patient to bear with an incurable suffering or a very painful treatment. It is infinitely more so in India, where ignorance, ill-health and poverty are inseparably intertwined.

Medical treatment and modern medical treatment in particular, is a costly affair then and now. With an average annual per capita income of about Rs. 350 except the top 15 or 20 per cent of the population, the rest cannot afford proper modern medical attention. It does not mean that the rest of the population should suffer and die, deprived of the fruits of modern medicine and no decent society tolerates such an unfortunate situation.

The doctor has a heavy and onerous social responsibility in countering such predicament. Hence it should be the guiding principle of every doctor, that monetary considerations should not bedevil doctor-patient relationships. Even leaving alone idealistic considerations, it is bad business for a doctor to allow any of his patients to suffer unnecessarily or die, for want of money. Hence, it has become common practice among many a doctor in our country with its rich spiritual heritage to not only treat patients free, if necessary, but to provide the much-needed drugs and diet, *gratis*.

One morning, a nice well-dressed young man brought along with a midwife, his 'wife' who was expecting a full term delivery. His story was that he belonged to a village about 50 miles away and that his wife was having 'pains' for the previous two days and in spite of the vigorous treatment by the midwife there was no delivery.

He said, "We heard about your midwifery skill: cost is no consideration: please do your best for my wife."

I said, "It is alright. But it looks as though there is no female help for the patient. Is there any one who will attend to the patient's daily needs? Will this midwife stay with her?"

He said, "Yes, and I am also here."

I took the patient into the examination room and completed the examination in the presence of the midwife. The patient was a case of full term first pregnancy. She was not in labour yet, but there were signs that the midwife attempted somewhat violently to induce labour.

Showing them, I asked the midwife, "Are all these your doing?"

She said, "She was struggling with labour pains. I wanted somehow to bring the child out and end her suffering."

I reprimanded, "You have done a great mistake. She was having only 'false pains'. What good can you do by snatching a fruit before it is ripe?"

I assured the husband that there is no danger and that it may take a little time for the actual labour to set in, and advised them to take rooms in a nearby choultry for their stay, and said that I would visit the patient in the evening. When I saw the patient that evening in the choultry she was sleeping soundly.

Next morning nobody came to report about the patient's condition. But at 11 a.m. the clerk of that choultry sent this note: "One of your patients is having high fever. Since none of her attendants are available, I am sending this letter through my servant. Please do the needful." When I saw her again, she was running fever probably consequent on the previous mishandling of the midwife.

I asked the patient, "Where are your husband and the midwife?"

She said, "They went to my native place, probably to attend to some urgent work there. They would be returning tomorrow."

I said, "This is funny! Can anything be more urgent than your treatment? How could they leave you in this state and why did you allow them to do so?"

She replied crying, "I entreated them to stay. But they departed saying 'What is it that we are doing here except sitting and watching you suffer? There is the doctor doing the best for you. We will be returning in a day or two."

I felt it improper to pry her with questions at that stage. Hence, giving her the required medicines and injections and some glucose packets, I arranged that my hospital nurse should attend on her with instructions to the choultry clerk to send for me in case of any need.

Before the fever completely subsided, she showed signs of labour after three or four days. Whenever I questioned her about her husband, it was the same story, "He will come today or tomorrow." I was in a great fix. It was a case of mis-handled labour in a woman pregnant for the first time, with fever on. She might need operative interference, the result of which could not be exactly prognosticated. None of her kith and kin were available to take permission from, for such an operation or to inform about its outcome. I was exasperated. Unable to bear such a heavy responsibility, I said, "Young woman, I shall do my best for you and you will be alright. But whom shall I send word to, if you get a little worse or better?" She burst out crying, "To the Almighty, for is it not He, who has brought me to this pass!"

I was aghast and could not say a word in reply. With some difficulty, I could deliver her of a live male child. But she was having puerperal sepsis from the third day of the delivery and on the 14th day developed Tetanus with Lock-Jaw, a vicious complication after delivery. She had to be provided with nearly Rs. 150 worth of Anti-Tetanic serum alone for that condition. After giving me a very anxious time she recovered after a stormy convalescence of 6 weeks. Even during this period of recovery, every one of my enquiries about her or her husband resulted only in a flood of tears.

Meanwhile, I was instructing my midwife and the choultry clerk to get as much information about her as possible. All that they could gather was something scrappy and indefinite: She was an unmarried virgin belonging to

a (no name) Reddy family in a village —not named— about 50 or 60 miles away. She was seduced by a youth of another community—un-named—and eloped with him to his place. She became pregnant, but the youth refused to marry her but tried to obtain an abortion once or twice; when he could do nothing about it, it appeared he passed on the baby to me.

When she was able to get up and move about, she said, "Please permit me to go home, Doctor."

I: "If I permit, where will you go?"

She: "To my village."

I: "Which is your village? You never mentioned its name, in spite of my repeated questions all these days."

She: "Miserable people like me cannot claim to belong to any village. You have graciously gifted life to me and to this infant in arms. Please bless us and spare me further questions. If Almighty preserves the lives you granted us, we shall some day recompense the great benefits we received from you. I feel unable to step out of the presence of the God who saved my life, providing not only treatment and nursing but also food articles at his expense. Please accept this as a token of my gratitude." So saying, she removed her only gold ring and offered it to me.

I: "Sister, I have not accepted your case for this gold ring. I am presenting this to your baby son with my blessings. Even now, if you let me know to which place you belong, and who your husband is, it may be possible for me to do something for you."

I returned the ring. Without even looking at me, she walked out with the child. . . .

Twenty-five years afterwards . . . When I was very busy with my work, one morning a hefty young man in the full bloom of youth, called on me and said, "My mother requested me to give you this invitation and this pair of silks. She mentions that you are our greatest benefactor and friend."

I: "Who is your mother and what is this invitation for? To whom are these silks intended?"

He : " My mother is a teacher in a girls' school in a neighbouring village. She is waiting outside. This invitation is for my wedding. These silks are for you."

I : " It is funny that I should be presented with silks for your wedding. Please request your mother to step in."

As soon as she heard my request from behind the screen, the " Reddy mother " of those days stepped in. She had aged considerably, probably due to the stress and strain inflicted by an unsympathetic society. She said in a faltering tone :

" Sir, this boy is that infant you saved and granted to me 25 years ago. He is getting married and is becoming a householder. You are our sole benefactor and well-wisher in this world. Please accept these silks and grace the occasion and bless the bridal couple."

I : " Madam, I am delighted to see you in these happy circumstances. I will certainly attend the function. Please present me with these silks then."

The innocent faith and gratitude of the common folk is very moving.

X

Every good medical student in the beginning of this century, or even now, who enters the portals of a Medical College, and leaves it after qualification, is a child of God, fired by the high ideals of the profession. Great names in medical history such as Charaka-Susruta, Aescetopius, Osler and MacKenzie and Rangachari are his lodestars. Economic advancement is the least of his objects in life. The thrilling prospect of ministering to the sick and suffering, and saving young and old from death, is the prime motive force of most doctors. Money and status in society such as the role brings, are important considerations, but somewhat secondary, at least at the beginning of their career.

One of the greatest fulfilments in life is to have practised long as an honest, popular doctor and retire from it gracefully—although there is no complete retirement in the life of a doctor—to be remembered by grateful members of society as having played a leading role in their most poignant, dramatic moments of life, be it pulling them out into this world, removing their appendix when their life is delicately hung on a slender thread, or saving their child from a vicious attack of Diptheria. It is a particular pleasure to know that the baby you are examining would not have been in existence, if you had not revived her grandmother from an electric shock when she was 20, by persistent artificial respiration. It is, on the other hand, a sad experience for a doctor to learn that the boy whom he had saved from Tetanus was involved in a fatal motor accident.

It is a rare experience to have lived and worked as a doctor of modern medicine in the first half of this century —one still remembers the time when he was prescribing to his patients suffering from serious puerperal sepsis,

Lysol douches daily, Iodine solution intravenous, and folding his hands devoutly and praying for recovery. How he was helplessly holding a prayerful night vigil, without any specific remedy, on the ninth day of the lobar pneumonia of the patient, and hoping against hope for the crisis to pass over. How he dreaded to treat a case of a severe anaemia of pregnancy, or multiple tubercle cavities, with no better remedies than ferrum reductim and calcium chloride injections respectively. He had seen before his eyes all these serious diseases become harmless ailments of garden variety like earache or headache, their poisonous fangs having been extracted by modern medical discoveries. He is being promised, in measurable distance of time, replacement of "spare parts" to human organism such as heart valves and corneas, by the pioneers in medical research. The most "untouchable of organs" like the heart and the lungs, are being surgically handled, with less impunity than a "whitlow"'. He is almost on the threshold of grasping the great mysteries of life and its propagation, by research in genetics and the chemistry of R.N.A. In the history of medical progress, the present is epochal, and to be a participant in such progress, is the greatest of fulfilments. Besides this, any shocks and disappointments one may have experienced during his career, pale into insignificance.

Each of us with our "still small voice", in our own small way, are proud to join the great chorus of the standard bearers of dur profession.

"To have cured through a revolution, to have seen a new birth of science, a new dispensation of health, reorganised medical schools, remodelled hospitals and a new outlook for humanity is not given to every generation."

—**Sir William Osler.**